FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 07 0 1 2007 07 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 08 17 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

Image# 27931108332

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS
Page 2

Write or Type Committee Name American Hospital Association PAC [®] D " D 0.7 0.7 0 1 2007 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2007 1038787.58 January 1 (b) Cash on Hand at 801023.18 Begining of Reporting Period 139271.44 608202.60 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 940294.62 1646990.18 6(a) and 6(c) for Column B) 78005.65 784701.21 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 862288.97 862288.97 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

м м 0 7

From:

^D 0 1

^Y 2007

Γο.

м м 0 7 ^D 3 1

^Y 2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	59358.51	210017.41
	(ii) Unitemized	35079.90	121144.84
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	94438.41	331162.25
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	6250.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	94438.41	337412.25
2.	Transfers From Affiliated/Other Party Committees	42500.00	266400.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	2022.40	2022.40
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	310.63	2367.95
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	139271.44	608202.60
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	139271.44	608202.60

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	205.65	3798.11
	(c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii) and (b))	205.65	3798.11
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	77800.00	780150.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	750.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	750.00
9.	Other Disbursements	0.00	3.10
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	78005.65	784701.21
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	70005 65	704704 04
	from Line 31)	78005.65	784701.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	94438.41	337412.25
34. Total Contribution Refunds (from Line 28(d))	0.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	94438.41	336662.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	205.65	3798.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	2022.40	2022.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-1816.75	1775.71

S

TEMIZED RE			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 101 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
Any information copie or for commercial pur	d from such Reports and St poses, other than using the	atements may name and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMM American Hosp	ITTEE (In Full) ital Association PAC			
Full Name (Last, F MacWilliams, Robin Mailing Address	,	State	Zip Code	Date of Receipt 0 7 0 3 2 0 0 7 Transaction ID: 14337341
Washington FEC ID number of federal political columns of Employer	mmittee.	DC C Occupation	20036	Amount of Each Receipt this Period 2022.40
Receipt For: Primary Other (speci	General fy) ▼	Aggregate	Year-to-Date ▼ 2022.40	Refund

SUBTOTAL of Receipts This Page (optional)	•	2022.40
TOTAL This Period (last page this line number only)	<u> </u>	2022.40

S(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE // 101
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	11a 11b 11c X 12 13 14 15 16 17
An	y information copied from such Reports and State	ments may	γ not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Texas Hospital Association HOSPAC - Federal			Date of Receipt
	Mailing Address P.O. Box 15587			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14340344
	Austin	TX	78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0301325	21000.00
	Name of Employer	Occupation	า	
	Receipt For:	Aggregate	e Year-to-Date ▼	-
	Primary General	1.99.19		1
	Other (specify) ▼	0 0	45000.00	
3.	Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC			Date of Receipt
	Mailing Address 5510 Research Park Drive	07 18 2007		
	City	State	Zip Code	Transaction ID: 14355961
	Madison	WI	53725-9038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0359455	5500.00
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	' '	6600.00	
	Other (specify)		0000.00	
Э.	Full Name (Last, First, Middle Initial) AZHHA Political Action Committee (Federal)			Date of Receipt
	Mailing Address 2901 North Central Avenu	ie		07 20 7 2007
	Suite 900	State	Zip Code	Transaction ID: 14369078
	Phoenix	AZ	85012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C COO	0217687	16000.00
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	16000.00	
	Other (specify)		10000.00	
S	UBTOTAL of Receipts This Page (optional)			42500.00
_		,	<u> </u>	42500.00
T	OTAL This Pariod (last nage this line number only	/\	•	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 8 / 101
	·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	·			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Kevin Roberts			Date of Receipt
	Mailing Address 640 Ulukahiki Street			M M / D D / Y Y Y Y
				07 09 2007
	City	State	Zip Code	Transaction ID: 14340372
	Kailua	HI	96734-4454	Amount of Each Receipt this Period
	FEC ID number of contributing			476.00
	federal political committee.	C		476.00
		10		_
	Name of Employer Castle Medical Center	Occupation		
			t and Chief Executive Officer	<u> </u>
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		476.00	
	Other (specify)		170.00	
ь	Full Name (Last, First, Middle Initial)			Data of Daggiet
В.				Date of Receipt
	Mailing Address 411 Glendale			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	
	•		'	Transaction ID: 14340373
	Liberty	MO	64068-2811	Amount of Each Receipt this Period
	FEC ID number of contributing	C		350.00
	federal political committee.			
	Name of Employer	Occupation	า	
	Liberty Hospital	Administ	rator	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)		350.00	
				1
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Michael L. Graue			Date of Receipt
	Mailing Address 303 Lake View Drive			M M / D D / Y Y Y Y
				07 09 2007
	City	State	Zip Code	Transaction ID: 14340394
	Washington	MO	63090-5387	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Caralana	l O a a un ati a u		_
	Name of Employer SSM Health Care - St. Lou-	Occupation		
	is		e Vice President	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	☐ Other (Specify) ▼			1
1.				1076.00
Ls	UBTOTAL of Receipts This Page (optional)		······································	1070.00

SCHEDULE A (FEC Form 3X)

PAGE 9 / 101 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Dr. John J. Lynch, M.D. Date of Receipt Mailing Address 3719 Winfield Lane, NW 07 2007 16 Zip Code City State Transaction ID: 14347197 Washington DC 20007-2349 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Washington Hospital Center Occupation Associate Medical Director Aggregate Year-to-Date ▼ Receipt For: General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Stephen Goldstone Date of Receipt Mailing Address 1700 Pine Grove Ave 16 2007 City Zip Code State Transaction ID: 14347823 Colorado Springs CO 80906-2928 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Memorial Health System Occupation Trustee Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr. Robert C Keen, , Ph.D., F Date of Receipt Mailing Address 4539 E. 500 N. 2007 07 18 Citv State Zip Code Transaction ID: 14358235 Greenfield IN 46140-9572 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Name of Employer Hancock Regional Hospital Occupation President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 875.00 SUBTOTAL of Receipts This Page (optional)

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 101
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or 1	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. James J. Myers			Date of Receipt
	Mailing Address 2626 Windermere Wood	ls Drive		07 18 2007
	City	State	Zip Code	Transaction ID: 14358237
	Bloomington	IN	47401-5451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bloomington Hospital	Occupation CFO	n	
	Descipt For:	l	Veer to Dete	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		250.00	
3.	Full Name (Last, First, Middle Initial) Ms. JoAnn Birdzell			Date of Receipt
	Mailing Address 12431 Van Buren Street	07 18 2007		
	City	State	Zip Code	Transaction ID: 14358238
	Crown Point	IN	46307-9210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Catherine Hospital	Occupation President	n t and Chief Executive Office	_
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Mr. Lawrence R. Ulrich			Date of Receipt
٥.	Mailing Address 4655 Running Brook Ter	·r		M M / D D / Y Y Y Y
				07 18 2007
	City	State	Zip Code	Transaction ID: 14358239
	Greenwood	IN	46143-9255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Four County Counseling Ce-	Occupation Executive	n e Director and CEO	
	nter Receipt For:		Year-to-Date V	_
	Primary General	199.19		1
	Other (specify) ▼	0 0	375.00	
SI	JBTOTAL of Receipts This Page (optional)			875.00
т	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 101
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
	y information copied from such Reports and St for commercial purposes, other than using the			
\setminus	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Robert S Curtis			Date of Receipt
	Mailing Address 5505 W. Pineridge Roa	ıd		07 18 2007
	City Muncie	State IN	Zip Code 47304-3422	Transaction ID: 14358240 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Cardinal Health System	Occupation President	n t and Chief Executive Office	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Worthe S. Holt, M.D.			Date of Receipt
	Mailing Address 9714 Gulfstream Drive			07 18 2007
	City	State	Zip Code	Transaction ID: 14358241
	<u>Fishers</u>	<u>IN</u>	46037-9726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer St. Vincent Hospitals and Health Servi		erating Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. James T. Kirkpatrick			Date of Receipt
	Mailing Address 73 North Avenue			07 19 7 2007
	City	State	Zip Code	Transaction ID: 14368298
	Mendon	MA	01756-1015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Massachusetts Hospital As-	Occupation		
	sociation	VP, Fina		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 / 101
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms Karen O Moore, , R.N., MS			Date of Receipt
	Mailing Address 164 High Street			07 20 7 2007
	City	State	Zip Code	Transaction ID: 14369064
	Greenfield	MA	01301-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Baystate Franklin Medical	Occupation Vice Pres		
	Center Receipt For:		Year-to-Date ▼	\dashv
	Primary General	7 1991 09410		1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. James H. Ross			Date of Receipt
	Mailing Address 2900 West Picket Post	Street		07 16 2007
	City	State	Zip Code	Transaction ID: 14382222
	Columbia	MO	65203-9581	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer University of Missouri He-	Occupation	ecutive Officer	
	alth Care Receipt For:	1	Year-to-Date V	_
	Primary General	Aggregate	r rear-to-Date ▼	,
	Other (specify)		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Mitch Leupp			Date of Receipt
٠.	Mailing Address P O Box 399			M M / D D / Y Y Y Y
	The second of th			07 16 2007
	City	State	Zip Code	Transaction ID: 14382253
	Stanley	ND	58784-0399	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Mountrail County Medical Center	Occupation Administr		
	Receipt For:		Year-to-Date ▼	7
	Primary General	30 - 3-40		1 I
	Other (specify) ▼		300.00	
				"
s	UBTOTAL of Receipts This Page (optional)			1050.00
\vdash	. 3 (1 - 27)			_

S	CHEDULE A (FEC Form 3X)		Lloo opposeto selectivis/s)	FOR LINE NUMBER: PAGE 13 / 101
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
۸				13 14 15 16 17
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	ress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Pamela J Rezac			Date of Receipt
	Mailing Address 501 Summit Avenue			07 16 2007
	City	State	Zip Code	Transaction ID: 14385601
	Yankton	SD	57078-3855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Avera Sacred Heart Hospit- al Receipt For: Primary General		and Chief Executive Officer Year-to-Date ▼	
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Ms Deb Fischer-Clemens			Date of Receipt
-	Mailing Address 3900 West Avera Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14385604
	Sioux Falls	SD	57108-5729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Avera Health	Occupation Director C	Center for Public Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
— Э.	Full Name (Last, First, Middle Initial) Mr. John T Porter			Date of Receipt
	Mailing Address P O Box 38			07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14385605
	Yankton	SD	57078-0038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Avera Health	Occupation President	and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
	<u> </u>			

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 14 / 101
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. David R. Hewett			Date of Receipt
	Mailing Address 5813 Tomar Road			07 16 2007
	City	State	Zip Code	Transaction ID: 14385610
	Sioux Falls	SD	57108-4661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer South Dakota Assoc. of He- althcare Orga	Occupation President	n t & Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	cale. (epocy) 🗸	-	0 0 0 0 0 0	1
3.	Full Name (Last, First, Middle Initial) Mr. Fredrick Slunecka			Date of Receipt
	Mailing Address P O Box 5045			07 16 2007
	City	State	Zip Code	Transaction ID: 14385616
	Sioux Falls	SD	57117-5045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Avera McKennan Hospital	Occupation	n President	
	and University Receipt For:	<u> </u>	Year-to-Date V	
	Primary General	7.99.094.0		1
	Other (specify) ▼	0 0	250.00	
2.	Full Name (Last, First, Middle Initial) Mr. Thomas P Rasmusson			Date of Receipt
	Mailing Address 525 North Foster			M M / D D / Y Y Y Y Y O T O T O T O T O T O T O T O
	City	State	Zip Code	Transaction ID: 14385623
	Mitchell	SD	57301-2966	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	250.00
	federal political committee.	C		250.00
	Name of Employer Avera Queen of Peace	Occupation		7
			t and Chief Executive Officer	•
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	250.00	
				1
s	UBTOTAL of Receipts This Page (optional)			750.00
			<u>`</u>	
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 15/101
	EMIZED RECEIPTS		or each category of the	(check only one)	44. 🗆 40
•			Detailed Summary Page	X 11a 11b 14	11c 12 15 16 17
An	ry information copied from such Reports and Sta	tements may	not be sold or used by any person		
or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from su	ch committee.
\	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. David M. Miller			Date of Receipt	
	Mailing Address Miller Dairy Sales, Ltd. Route 2 Box 163			0 7	2007
	City	State	Zip Code	Transaction ID: 143	
	Chariton	IA	50049-9661	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
Lucae County Health Center		Occupation Trustee	n	1	
	Receipt For:		e Year-to-Date ▼	1	
	Primary General		250.00		
	Other (specify)	0 0	230.00		
3.	Full Name (Last, First, Middle Initial) Mr. Greg E. Boattenhamer			Date of Receipt	
	Mailing Address 100 East Grand Avenue Suite 100			0 7	2007
	City	State	Zip Code	Transaction ID: 143	86436
	Des Moines	IA	50309-1829	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer lowa Hospital Association	Occupation		7	
			President, Government Relat	id	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		500.00		
_	Full Name (Last, First, Middle Initial) Mr. J. Kirk Norris			Date of Receipt	
٥.	Mailing Address 5055 Upper Creek Drive			M M / D D /	YYYY
				07 16	2007
	City	State	Zip Code	Transaction ID: 143	
	Pleasant Hill	IA	50327	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Iowa Hospital Association	Occupation President			
	Receipt For:	l	e Year-to-Date ▼	1	
	Primary General		500.00		
	Other (specify)		300.00		
s	UBTOTAL of Receipts This Page (optional)				1250.00
_	OTAL Tide Desired floor				
- 13	OTAL This Period (last page this line number or	пу)	>		

City Sioux City FEC ID number of contributing federal political committee. Name of Employer St. Luke's Regional Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Gary S. Kahn Mailing Address 1104 5th Avenue W. Post Office Box 489 City Newton Name of Employer St. Luke's Regional Medical Center President and Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: Transaction ID: Transaction ID: Transaction ID: Transaction ID: Amount of Each	11c 12 15 16 17
Detailed Summary Page X 11a	15 16 17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of so or for commercial purposes, other than using the name and address of any political committee to solicit contributions from the purpose of solicit contributions from	15 16 17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of sor for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. Peter W Thoreen Mailing Address 2720 Stone Park Boulevard City Sioux City IA 51104-3795 Amount of Each Transaction ID: Amount of Each C Cupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) B. Mr. Gary S. Kahn Mailing Address 1104 5th Avenue W. Post Office Box 489 City State Zip Code Transaction ID: Amount of Each Date of Receipt Transaction ID: Amount of Each Transaction ID: Transaction ID: Amount of Each	oliciting contributions
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. Peter W Thoreen Mailing Address 2720 Stone Park Boulevard City State Zip Code IA 51104-3795 FEC ID number of contributing federal political committee. Name of Employer St. Luke's Regional Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Gary S. Kahn Mailing Address 1104 5th Avenue W. Post Office Box 489 City State Zip Code In Transaction ID: Transaction ID: Amount of Each Transaction ID: Amount of Each Transaction ID: Amount of Each	om such committee.
A. Mr. Peter W Thoreen Mailing Address 2720 Stone Park Boulevard City State Zip Code Sioux City IA 51104-3795 FEC ID number of contributing federal political committee. Name of Employer St. Luke's Regional Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Gary S. Kahn Mailing Address 1104 5th Avenue W. Post Office Box 489 City State Zip Code ITransaction ID: Amount of Executive Officer Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: Date of Receipt Transaction ID: Amount of Each	
Full Name (Last, First, Middle Initial) A. Mr. Peter W Thoreen Mailing Address 2720 Stone Park Boulevard City State Zip Code IA 51104-3795 FEC ID number of contributing federal political committee. Name of Employer St. Luke's Regional Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Gary S. Kahn Mailing Address 1104 5th Avenue W. Post Office Box 489 City State Zip Code Transaction ID: Date of Receipt Transaction ID: Date of Receipt Transaction ID: Date of Receipt Transaction ID: Transaction ID: Amount of Each Date of Receipt Transaction ID: Amount of Each Transaction ID: Amount of Each	
A. Mr. Peter W Thoreen Mailing Address 2720 Stone Park Boulevard City State Zip Code Sioux City IA 51104-3795 FEC ID number of contributing federal political committee. Name of Employer St. Luke's Regional Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Gary S. Kahn Mailing Address 1104 5th Avenue W. Post Office Box 489 City Newton Date of Receipt Transaction ID: Amount of Each Tourism Medical President and Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: Amount of Each Transaction ID: Amount of Each Amount of Each Date of Receipt Transaction ID: Amount of Each	
City Sioux City FEC ID number of contributing federal political committee. Name of Employer St. Luke's Regional Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Gary S. Kahn Mailing Address 1104 5th Avenue W. Post Office Box 489 City Newton Name of Employer St. Luke's Regional Medical Center President and Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: Transaction ID: Transaction ID: Transaction ID: Transaction ID: Amount of Each	
Sioux City FEC ID number of contributing federal political committee. Name of Employer St. Luke's Regional Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Gary S. Kahn Mailing Address 1104 5th Avenue W. Post Office Box 489 City State Zip Code Newton IA 51104-3795 Amount of Each Amount of Each Transaction ID: Amount of Each Transaction ID: Amount of Each	6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sioux City FEC ID number of contributing federal political committee. Name of Employer St. Luke's Regional Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Gary S. Kahn Mailing Address 1104 5th Avenue W. Post Office Box 489 City State Zip Code Newton Name of Employer St. Luke's Regional Medical President and Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt M M M M O 7 1 Transaction ID: Amount of Each	14386441
FEC ID number of contributing federal political committee. Name of Employer St. Luke's Regional Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Gary S. Kahn Mailing Address 1104 5th Avenue W. Post Office Box 489 City State Zip Code Transaction ID: Newton IA 50208-3511 Amount of Each	Receipt this Period
al Center Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) B. Mr. Gary S. Kahn Mailing Address 1104 5th Avenue W. Post Office Box 489 City State Zip Code Transaction ID: Newton IA 50208-3511 Amount of Each	500.00
B. Mr. Gary S. Kahn Mailing Address 1104 5th Avenue W. Post Office Box 489 City State Zip Code Transaction ID: Newton IA 50208-3511 Amount of Each	
Post Office Box 489 0 7 1 City State Zip Code Transaction ID: Newton IA 50208-3511 Amount of Each	
Newton IA 50208-3511 Amount of Each	6 2007
	14386442
EEC ID number of contributing	Receipt this Period
federal political committee.	550.00
Name of Employer Occupation Skiff Medical Center Trustee	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) C. Ms. Donna Katen-Bahensky Date of Receipt	
	D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Transaction ID:	14386443
	Receipt this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer University of lowa Hospit- als and Clini Receipt For: Primary Other (specify) ▼ Occupation Senior Associate Vice President Medica Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	

				_
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 101
	EMIZED RECEIPTS	or each category of the		(check only one)
ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Kimberly A Russel			Date of Receipt
	Mailing Address 1111 Duff Avenue			07 16 7 2007
	City	State	Zip Code	Transaction ID: 14386444
	Ames	IA	50010-5745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mary Greeley Medical Cent- er	Occupation Presiden	n t and Chief Executive Officer	.]
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Ted H. Stubblefield			Date of Receipt
	Mailing Address 100 North Crest Drive	07 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14386511
	Springfield	TN	37172-3961	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Northcrest Medical Center	Occupation	n	7
	Northcrest Medical Center	Trustee		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Penny Brooke			Date of Receipt
	Mailing Address 36 South State Street, 22	2nd Fl		07 09 YYYY 2007
	City	State	Zip Code	Transaction ID: 14386516
	Salt Lake City	UT	84111-1624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Intermountain Healthcare, Inc.	Occupation Trustee	n	7
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 3		1
	Other (specify) ▼		250.00	
	UPTOTAL (During Till During Ti			1000.00
L	UBTOTAL of Receipts This Page (optional)		>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18 / 101
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 otaliou Gariiria, r ago	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Debbie J. Bowen, FACHE, CAE			Date of Receipt
	Mailing Address 622 Sheridan Square			M M / D D / Y Y Y Y
	Unit 3			07 07 2007
	City	State	Zip Code	Transaction ID: 14386596
	Evanston	<u>IL</u>	60202-4751	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.	C .		250.00
	Name of Employer American College of Healt-	Occupation	<u> </u>	
	American College of Healt- hcare Executi	Executive	e Vice President & COP	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Jim Ainsworth			Date of Receipt
Ь.	Mailing Address 350 North Humphreys	Poulovord		<u> </u>
	350 North Humphreys	boulevaru		07 26 2007
	City	State	Zip Code	Transaction ID: 14388033
	Memphis	TN	38120-2177	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	า	-
	Name of Employer Baptist Memorial Health	Vice Pres		
	Care Corporati Receipt For:	1	Year-to-Date ▼	
	Primary General	33 -3		7
	Other (specify) ▼	l	250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Thomas G Bartlett, , M.D.			Date of Receipt
	Mailing Address 25117 Highway 15			M M / D D / Y Y Y Y
				07 26 2007
	City	State	Zip Code	Transaction ID: 14388035
	Union	MS	39365-9088	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Laird Hospital	Occupation	ı	
		Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		200.00	1
_				
_				750.00
Ls	UBTOTAL of Receipts This Page (optional)		······	100.00
1				

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 19 / 101
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and St	atements may	y not he sold or used by any nerso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Jimmy J. Blessitt			Date of Receipt
	Mailing Address 121 E. Baker Street			07 26 YYYY 207
	City	State	Zip Code	Transaction ID: 14388040
	<u>Indianola</u>	MS	38751-2498	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer South Sunflower County Ho- spital Receipt For: Primary General Other (specify) ▼		n rator & Chief Executive Office Year-to-Date ▼ 300.00	ee
В.	Full Name (Last, First, Middle Initial) Ms. Mary Curtis			Date of Receipt
	Mailing Address PO Box 1288			07 26 2007
	City	State	Zip Code	Transaction ID: 14388045
	Prentiss	MS	39474-1288	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Jefferson Davis Community Hospital Receipt For: Primary General Other (specify)		ecutive Officer Year-to-Date 400.00]
	Full Name (Last, First, Middle Initial) Mr. Charles L Denton			Date of Receipt
О.	Mailing Address 960 Avent Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14388046
	Grenada	MS	38901-5230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Grenada Lake Medical Cent- er		ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			700.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 20 / 101
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
• • •	LIVIIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham			Date of Receipt
	Mailing Address P O Box 607			07 26 2007
	City	State	Zip Code	Transaction ID: 14388054
	<u>Laurel</u>	MS	39441-0607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer South Central Regional Me- dical Center	Occupation Executive		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify)	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Mr. Fred B Hood			Date of Receipt
	Mailing Address P O Box 790			07 26 2007
	City	State	Zip Code	Transaction ID: 14388055
	Pontotoc	MS	38863-0790	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer North Mississippi Medical	Occupation		
	Center-Ponto	Administ		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Hal W Leftwich, , FACHE			Date of Receipt
	Mailing Address P O Box 2790			0 7 2 6 Y Y Y Y Y Y Y
	City		Zip Code	Transaction ID: 14388063
	Bay St Louis	MS	39521-2790	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hancock Medical Center	Occupation Administr		
		Aggregate	e Year-to-Date ▼	
	Primary General		250.00	7
	☐ Other (specify) ▼		250.00	_
SI	JBTOTAL of Receipts This Page (optional)			750.00
To	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 101
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·	
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Andrew Mayo			Date of Receipt
	Mailing Address 5241 Boswell Road			07 26 7 2007
	City Memphis	State TN	Zip Code 38120-1511	Transaction ID: 14388065
	FEC ID number of contributing		30120-1311	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer Parkwood Behavioral Health System	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Kurt W Metzner			Date of Receipt
Mailing Address 1225 North State Street				07 26 7 2007
City State			Zip Code	Transaction ID: 14388068
	<u>Jackson</u>	MS	39202-2064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		800.00
	Name of Employer Mississippi Baptist Health	Occupation		
	System Receipt For:		t and Chief Executive Officer Year-to-Date T	-
	Primary General	33 -3		
	Other (specify) ▼	0 0	800.00	
Э.	Full Name (Last, First, Middle Initial) Ms Barbara Prichard			Date of Receipt
	Mailing Address 121 East Baker Street			07 26 7 2007
	City	State	Zip Code	Transaction ID: 14388074
	Indianola	MS	38751-2450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer South Sunflower County Ho-	Occupation		
	spital Receipt For:		Administrator Year-to-Date ▼	-
	Primary General	riggrogato		
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)			1800.00
T	OTAL This Period (last page this line number on	ly)	.	
-	(• ,		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 101 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
A .	Full Name (Last, First, Middle Initial) Mr. David Putt Mailing Address 2500 North State Street			Date of Receipt
	City	State	Zip Code	0 7 2 6 2 0 0 7 Transaction ID: 14388075
	<u>Jackson</u>	MS	39216-4500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University Hospitals and Clinics, Univ	Occupation Administ	rator	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Donald Smith			Date of Receipt
	Mailing Address 1314 19th Avenue			07 26 2007
	City	State	Zip Code	Transaction ID: 14388079
	Meridian FEC ID number of contributing federal political committee.	MS C	39301-4116	Amount of Each Receipt this Period 250.00
	Name of Employer Rush Foundation Hospital	Occupation Corporate	n e Director of HR	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
) .	Full Name (Last, First, Middle Initial) Ms. Diane Gail Stewart			Date of Receipt
Mailing Address 7700 Folsom Boulevard				07 23 7 2007
	City Sacramento	State CA	Zip Code 95826-2608	Transaction ID: 14421128
	FEC ID number of contributing federal political committee.	C	93020-2000	Amount of Each Receipt this Period 250.00
	Name of Employer Sutter Center for Psychia- try		ministrative Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
S	JBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 101
	EMIZED RECEIPTS		or each category of the	(check only one)
• •	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
۸	information and them and Danada and Ct			13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Michael T. Rust			Date of Receipt
	Mailing Address 937 Woodland Heights			07 23 7 2007
	City	State	Zip Code	Transaction ID: 14421134
	Louisville	KY	40245-5219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Kentucky Hospital Associa- tion	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	
3.	Full Name (Last, First, Middle Initial) Mr. John W Bluford			Date of Receipt
	Mailing Address 2301 Holmes Street			07 23 7 2007
	City	State	Zip Code	Transaction ID: 14421148
	Kansas City	MO	64108-2640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Truman Medical Centers	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, ,	1000.00	
	Other (specify) ▼	0 0		
Э.	Full Name (Last, First, Middle Initial) Mr. Gerard Fischer			Date of Receipt
	Mailing Address 5909 West Pima Court			07 30 7 2007
	City	State	Zip Code	Transaction ID: 14423517
	Spokane	WA	99208-9010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sacred Heart Medical Cent-	Occupation Vice Pres	n sident- Systems Developmer	nt l
	er Receipt For:		e Year-to-Date	"
	Primary General	39. 39410		1
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
	· · · · · · · · · · · · · · · · · · ·		•	
T	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 24 / 101
	· ·	Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrillary 1 age	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Gary V Peck			Date of Receipt
Α.	Mailing Address P O Box 197			M M / D D / Y Y Y Y
	Cit.	Ctoto	7in Code	
	City	State	Zip Code	Transaction ID: 14423518
	Chewelah	WA	99109-0197	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		350.00
	Name of Employer St. Joseph's Hospital	Occupation Administr		
	Receipt For:		Year-to-Date ▼	
	Primary General	riggregate	real to Bate V	1
	Other (specify) ▼		350.00	
				·
В.	Full Name (Last, First, Middle Initial) Ms. Bonnie Phipps			Date of Receipt
	Mailing Address 900 Caton Avenue			M M / D D / Y Y Y Y
	City	Ctata	Zip Code	07 23 2007
	•	State	•	Transaction ID: 14423558
	Baltimore	MD	21229-5201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Agnes HealthCare	Occupation		
		1	t and Chief Executive Office	<u>r </u>
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼			J
— С.	Full Name (Last, First, Middle Initial) Dr. Barbara Cook			Date of Receipt
٥.	Mailing Address 17 Jonathans Court			M M / D D / Y Y Y Y
	Tr donathans dourt			07 23 2007
	City	State	Zip Code	Transaction ID: 14423566
	Cockeysville	MD	21030-1419	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Johns Hopkins Hospital	Occupation		
		President		_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	☐ Other (Specify) ▼			1
_	IIDTOTAL of Descints Title Boss (setting)			1100.00
L	UBTOTAL of Receipts This Page (optional)		······	
1				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 101 (check only one)
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Stephen M Erixon			Date of Receipt
	Mailing Address 220 Windy Ridge		71.0	07 23 7 2007
	City Hollister	State MO	Zip Code	Transaction ID: 14423650
			65672-5725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer Skaggs Community Health Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	294.00	
3.	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine			Date of Receipt
	Mailing Address 12675 Riviera Heights F	Road		07 23 7 2007
	City	State	Zip Code	Transaction ID: 14423658
	Holts Summit	MO	65043-2039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		111.12
	Name of Employer Missouri Hospital Associa- tion	Occupation Sr. Vice I	n President, Health Policy	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		777.84	
 C.	Full Name (Last, First, Middle Initial) Mr. Marc D. Smith			Date of Receipt
	Mailing Address 5612 Tanner Bridge Roa	ad		07 23 7 2007
	City	State	Zip Code	Transaction ID: 14423669
	Jefferson City	MO	65101-8275	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		111.12
	Name of Employer Missouri Hospital Associa- tion	Occupation President	n t and Chief Executive Office	,
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		666.72	
s	UBTOTAL of Receipts This Page (optional)			264.24
_	OTAL This Desired floor control of the	-l. A	<u> </u>	
\mathbf{I}	OTAL This Period (last page this line number or	٦١ ٧)		

SCHEDULE A (FEC Form 3X)

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 26 / 101
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Larry J Unroe			Date of Receipt
	Mailing Address 401 Matthew Street			07 23 7 2007
	City	State	Zip Code	Transaction ID: 14453258
	<u>Marietta</u>	OH	45750-1699	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Marietta Memorial Hospital	Occupation		
	Receipt For:		Year-to-Date ▼	_
	Primary General Other (specify) ▼	199.19	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Jeffrey Brickman			Date of Receipt
	Mailing Address 333 North Madison Stre	07 23 YYYY 2007		
	City State Zip Code			Transaction ID: 14453387
	<u>Joliet</u>	IL	60435-8200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Provena Saint Joseph Medi- cal Center	Occupation		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0		
Э.	Full Name (Last, First, Middle Initial) Mr. Leo F Childers, FACHE			Date of Receipt
	Mailing Address 605 North 12th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14453388
	Mount Vernon	IL	62864-2899	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Good Samaritan Regional	Occupation		
	Health Center	Presiden		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
			<u> </u>	
T	OTAL This Period (last page this line number o	nly))	

				_
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 101
ITEMIZED RECEIPTS		or each category of the		(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Clifford L Corbett			Date of Receipt
	Mailing Address 150 West High Street	07 23 7 2007		
	City	State	Zip Code	Transaction ID: 14453390
	Morris	IL	60450-1497	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Morris Hospital & Healthc- are Centers Receipt For: Primary General Other (specify)		n t and Chief Executive Officer e Year-to-Date ▼ 250.00	
— В	Full Name (Last, First, Middle Initial) Dr John Jurica, , M.D.			Date of Receipt
٥.	Mailing Address 350 North Wall Street	M M / D D / Y Y Y Y		
	Walling Address 550 North Wall Street	07 23 2007		
	City	Transaction ID: 14453392		
	Kankakee	IL	60901-2901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Riverside Medical Center Receipt For: Primary General Other (specify)		n sident Medical Affairs e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0	1
C.	Ms. Colleen Kannaday, , FACHE			Date of Receipt
	Mailing Address 12935 South Gregory St		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City	State	Zip Code	Transaction ID: 14453393
	Blue Island	IL	60406-2428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Francis Hospital & He- alth Center	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 28 / 101
ITEMIZED RECEIPTS			or each category of the	(check only one)	
I EMIZED RECEIPTS			Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	/ not be sold or used by any perso dress of any political committee to	on for the purpose of solicitions from	ting contributions
<u></u>	NAME OF COMMITTEE (In Full)		are or any point our committee to		
$ \rangle$	American Hospital Association PAC				
	American Hospital Association 1 Ac				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. Thomas McAfee			Date of Receipt	
	Mailing Address 660 North Westmorela	nd Road		07 23	
	City	State	Zip Code	Transaction ID: 14	
	Lake Forest	IL	60045-1659	Amount of Each Re	
			000+3 1033	Amount of Lacif Ne	· · · · · ·
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Lake Forest Hospital	Occupation			
			cutive Officer	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		250.00		
	care (opening)		0 0 0 0 0 0 0	1	
	Full Name (Last, First, Middle Initial)				
В.	Mr. Bruce Merrell, CHE			Date of Receipt	
	Mailing Address 400 North Pleasant Ave	enue		M M / D D	/ Y Y Y Y Y
	City	Ctoto	Zin Codo	07 23	
	City Centralia	State IL	Zip Code	Transaction ID: 14	
		IL.	62801-3056	Amount of Each Re	celpt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer St. Mary's Hospital	Occupation			
		President			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		500.00		
	care (opening)		0 0 0 0 0 0 0	1	
_	Full Name (Last, First, Middle Initial)				
C.	Mr. David T Ochs			Date of Receipt	
	Mailing Address 2500 West Reynolds			0 7 2 3	2007
	City	State	Zip Code	Transaction ID: 14	
	Pontiac	IL	61764-2194	Amount of Each Re	
		C	017012101	Amount of Each fie	
	FEC ID number of contributing federal political committee.				500.00
		10			
	Name of Employer OSF Saint James - John W.	Occupation			
Albrecht Med Admii		Administ	Year-to-Date ▼	_	
		Aggregate	FIEAI-IO-DAIC V	1	
Other (specify) ▼			500.00		
				1	
s	UBTOTAL of Receipts This Page (optional)				1250.00
				-	
TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 29 / 101	
	EMIZED RECEIPTS		or each category of the	(check only one)		
••	LIMIZED RESER 13		Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17	
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any person	n for the purpose of solic	iting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.	
\setminus	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Δ	Full Name (Last, First, Middle Initial) Mr. Keith Allen Page			Date of Receipt		
Α.	Mailing Address 6800 State Route 162			M M / D D	/ Y Y Y Y	
				07 23	2007	
	City	State	Zip Code	Transaction ID: 14		
	Maryville	<u>IL</u>	62062-8500	Amount of Each Re	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Anderson Hospital	Occupation President	n t and Chief Executive Officer	1		
	Receipt For:	Aggregate	e Year-to-Date ▼	7		
	Primary General		250.00			
	Other (specify) ▼					
В.	Full Name (Last, First, Middle Initial) Mr. Harry Wolin			Date of Receipt		
	Mailing Address P O Box 530		0 7 D D D 2 3			
	City	State	Zip Code	Transaction ID: 14453402		
	Havana	<u> </u>	62644-0530	Amount of Each Re	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	Name of Employer Mason District Hospital	Occupation Administ	n rator and Chief Executive Off			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	1 1	500.00			
	Other (specify) ▼	0 0	500.00			
C.	Full Name (Last, First, Middle Initial) Mr. Dennis C Millirons, CHE			Date of Receipt		
Ο.	Mailing Address 801 S Milwaukee Avenu	ıe		M M / D D	/ Y Y Y Y	
				07 23	2007	
	City	State	Zip Code	Transaction ID: 14		
	Libertyville	IL	60048-3204	Amount of Each Re	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	Name of Employer Condell Medical Center	Occupation Presiden	n t and Chief Executive Officer			
_ '		Aggregate	e Year-to-Date ▼			
	Primary General		500.00			
	Other (specify)					
s	SUBTOTAL of Receipts This Page (optional)				1250.00	
			·			
T	OTAL This Period (last page this line number of	only)	>			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 30 / 101
			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Elena Butkus			Date of Receipt
	Mailing Address 1151 E. Warrenville Ro	ad		07 23 2007
	City	State	Zip Code	Transaction ID: 14456953
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Illinois Hospital Associa-	Occupation		
	tion		sident, Finance	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	375.00	
	Other (specify)	0 0	0 0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Mr. Mark Deaton			Date of Receipt
	Mailing Address 740 North Hayes			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14456959
	Oak Park	IL	60302-1706	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.02
	Name of Employer	Occupation		
	Illinois Hospital Association	Sr. VP, G	General Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.02	1
	Other (specify)	0 0	200.02	J
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco			Date of Receipt
J .	Mailing Address 1151 East Warrenville I	Road		M M / D D / Y Y Y Y
	Tion Last Walterivine	07 23 2007		
	City	State	Zip Code	Transaction ID: 14456960
	Naperville	<u> </u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing			375.00
	federal political committee.	C		373.00
	Name of Employer Illinois Hospital Associa-	Occupation		
	tion	-	of Development	
		Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼			375.00	
	☐ Office (Specify) ♥	0 0		1
6	UBTOTAL of Receipts This Page (optional)			1000.02
\vdash	COLOTAL OF FICOGRAP THIS Fage (optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 101
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	by information copied from such Reports and State	ements may	not be sold or used by any perso	
or	for commercial purposes, other than using the nat	me and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Brian Foster			Date of Receipt
	Mailing Address 1151 E. Warrenville Rd. PO Box 3015			07 23 7 2007
	City	State	Zip Code	Transaction ID: 14456963
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.02
	Illinois Hospital Associa-	Occupation Vice Pres		
	tion Receipt For:		Year-to-Date ▼	
	Primary General			
	Other (specify) ▼	0 0	250.02	
3.	Full Name (Last, First, Middle Initial) Ms. Ann C. Guild			Date of Receipt
	Mailing Address 1151 E. Warrenville Rd. PO Box 3015			07 23 7 2007
	City	State	Zip Code	Transaction ID: 14459167
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.02
	Illinois Hospital Associa-	Occupation		
	tion		Vice President	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.02	
	Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer			Date of Receipt
٠.	Mailing Address 1755 Maple Lane			M M / D D / Y Y Y Y
				07 23 2007
	City	State	Zip Code	Transaction ID: 14459171
	Wheaton	IL	60187-3317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		358.71
	Name of Employer Central DuPage Hospital	Occupation	1	7
		President	•	
	Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		' '	358.71	
	Other (specify) ▼		0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			858.75
_		`		
T	OTAL This Pariod (last nage this line number only	V)	•	

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 32 / 101		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Δr	ny information copied from such Reports and Sta	atemente may	y not be sold or used by any person			
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Ms. Teresa Hursey			Date of Receipt		
	Mailing Address 1151 East Warrenville F	Road		07 23 2007		
	City	State	Zip Code	Transaction ID: 14459172		
	Naperville	IL	60563-9339	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		375.00		
	Name of Employer Illinois Hospital Associa- tion		sident, Finance			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00]		
В.	Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges			Date of Receipt		
	Mailing Address 1151 E. Warrenville Ro PO Box 3015	07 23 7 2007				
	City	State	Zip Code	Transaction ID: 14459178		
	Naperville	IL	60563-9339	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		375.00		
	Name of Employer Illinois Hospital Associa- tion	Occupation Vice Pres		7		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	1 1	375.00]		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Howard A. Peters, III			Date of Receipt		
	Mailing Address 4109 Southwoods Road		07 23 YYYY 2007			
	City	State	Zip Code	Transaction ID: 14459181		
	Springfield	IL	62707-6070	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			375.00		
	Name of Employer Illinois Hospital Associa- tion		ce President			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		375.00]		
s	UBTOTAL of Receipts This Page (optional)			1125.00		
				-		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 33 / 101
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. John J. Raleigh			Date of Receipt
	Mailing Address 1141 East Warrenville F	Road		07 23 2007
	City	State	Zip Code	Transaction ID: 14459183
	Naperville	IL	60563-1493	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Illinois Hospital Associa-	Occupation Vice Pres		
	tion Receipt For:		Year-to-Date ▼	\dashv
	Primary General	7 1991 09410	Tour to Bate V	1
	Other (specify) ▼		400.00	
			0 0 0 0 0 0 0	·
В.	Full Name (Last, First, Middle Initial) Mr. Kenneth C. Robbins			Date of Receipt
	Mailing Address 1531 Maria Court			M M / D D / Y Y Y Y
				07 23 2007
	City	State	Zip Code	Transaction ID: 14459186
	Wheaton	IL	60187-3777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Illinois Hospital Associa-	Occupation		
	tion	President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		375.00	
	Other (specify)	0 0]
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Laraine Williams			Date of Receipt
٥.	Mailing Address 1151 East Warrenville F	Road		M M / D D / Y Y Y Y
	TIST Last Walterwiller	07 23 2007		
	City	State	Zip Code	Transaction ID: 14459192
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing			200.00
	federal political committee.	C		300.00
	Name of Employer Illinois Hospital Associa-	Occupation		
	tion		cutive Officer	
Primary General		Aggregate	Year-to-Date ▼	_
		'''	300.00	
	Other (specify)		333.33	1
_	UDTOTAL (D. 11. TIL D. 11. II.			1075.00
Ls	UBTOTAL of Receipts This Page (optional)			- 10,000
1				

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 34 / 101
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Deana L. Nelson			Date of Receipt
	Mailing Address Post Office Box 1289			07 23 2007
	City	State	Zip Code	Transaction ID: 14459336
	Tampa	FL	33601-1289	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Tampa General Hospital	Occupation Sr. Vice I	n President, Patient Services	
	Receipt For:	-	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. J. Thomas Danzi, M.D			Date of Receipt
	Mailing Address 17807 Osprey Pointe P			M M / D D / Y Y Y Y
		07 23 2007		
	City	State	Zip Code	Transaction ID: 14459338
	Tampa	FL	33647-2276	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tampa General Hospital	Occupation		
			dical Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Maureen Ogden			Date of Receipt
٥.	Mailing Address 3857 Lake Joyce Drive			M M / D D / Y Y Y Y
	The state of the s			07 23 2007
	City	State	Zip Code	Transaction ID: 14459344
	Land O Lakes	FL	34639-4698	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Tampa General Hospital	Occupation		
		Vice Pres		
	Receipt For: Primary General		Year-to-Date ▼	
			250.00	
	Other (specify)		200.00	1
				750.00
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	700.00
1				

TTEMIZED RECEIPTS Detailed Summary Page Check only one) Time T	S	CHEDULE A (FEC Form 3X)		Llea congrata cabadula(c)	FOR LINE NUMBER: PAGE 35 / 101
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of of commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. Romad A Hypott Mailing Address P O Box 1289 City State Zip Code Tampa FL 33601-1289 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼	`			Use separate schedule(s) or each category of the	(check only one)
Intriputation copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commendial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Am. Remaid A Hyport Meiling Address P O Box 1289 FEC ID number of contributing feederal political committee. C Date of Receipt D	•••	LIVIIZED RECEIF 13			
The commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Melling Address P O Box 1289 City State Zip Code Tampa FL 38801-1289 FEC ID number of contributing federal political committee. Name of Employer Tengal Centeral Contributing federal political committee. Full Name (Last, First, Middle Initial) Mel Stowers Shoth Mel Stowers Shot	_				
American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. Ronald A Hybrid Mailing Address P O Box 1289 City State Zip Code FL 33601-1289 FEC (D number of contributing federal political committee. Name of Employer Tampa General Point of Companion President and Chief Executive Officer Receipt For: Perimany General Other (specify) B. Mr. Sloven Short Malling Address P O Box 1289 City State Zip Code FL 33601-1289 FEU Name (Last, First, Middle Initial) B. Mr. Sloven Short Malling Address P O Box 1289 City State Zip Code FL 33601-1289 FEC ID number of contributing federal political committee. C Name of Employer 1 ampa General Point of Companion President Finance and Amount of Each Receipt For: Perimany General Other (specify) C Name (Last, First, Middle Initial) C Mr. Richard M Ivon Mailing Address 10000 West Colonial Drive C State Zip Code FL 34761-3499 FEC ID number of contributing federal political committee. C Name (Last, First, Middle Initial) C Mr. Richard M Ivon Mailing Address 10000 West Colonial Drive C State Zip Code FL 34761-3499 FEC ID number of contributing federal political committee. C Name of Employer President and Chief Executive Officer Receipt For: Perimany General Other (specify) President and Chief Executive Officer Receipt For: Primary General Other (specify) President and Chief Executive Officer Receipt For: Primary General Other (specify) President and Chief Executive Officer Receipt For: Primary General Other (specify) President and Chief Executive Officer Receipt For: Primary General Other (specify) President and Chief Executive Officer Receipt For: Primary General Other (specify) President and Chief Executive Officer Receipt For: Primary General Other (specify) President and Chief Executive Officer Receipt For: Primary General Political Committee Receipt For: Primary General Political Comm	Ar or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Mr. Ronald A Hyboff Mailing Address P O Box 1289 City State Zip Code Tampa FL 33601-1289 FEC (ID number of contributing federal political committee. C Society State Sta	\setminus	NAME OF COMMITTEE (In Full)			
A. Mr. Ronald A Hyloff Mailing Address P O Box 1289 City Tampa FEC ID number of contributing federal political committee. Name of Employer Tampa General Hybrid Primary General Other (specify) ▼ City Tampa FEC ID number of contributing federal political committee. Name of Employer Tampa General Hybrid Primary General Other (specify) ▼ City Tampa FEU Name (Last, First, Middle Initial) B. Mr. Steven Short Mailing Address P O Box 1289 City Tampa FEC ID number of contributing federal political committee. Name of Employer Tampa General Hybrid Fer General Other (specify) ▼ City Tampa FEC ID number of contributing federal political committee. Name of Employer Tampa General Other (specify) ▼ City State Zip Code Tampa General Other (specify) ▼ Date of Receipt Tampa General Other (specify) ▼ Tampa General Other (specify) ▼ Date of Receipt Hybrid Individual I		American Hospital Association PAC			
City State Zip Code Tampa FL 33801-1289 FEC ID number of contributing federal political committee. Name of Employer Tampa General Other (specify) ▼	A.	Mr. Ronald A Hytoff			Date of Receipt
Tampa					07 23 2007
FEC ID number of contributing federal political committee. Name of Employer Tampa General Prospital President and Chief Executive Officer				•	
Sumbor Federal political committee. Sumbor Sumbo		Tampa	FL	33601-1289	Amount of Each Receipt this Period
Receipt For:			C		500.00
Primary General Other (specify)		Name of Employer Tampa General Hospital			r
Toll Name (Last, First, Middle Initial) B. Mr Steven Short Malling Address P O Box 1289 City State Zip Code Tampa FL 33601-1289 FEC ID number of contributing federal political committee. Name of Employer Tampa General Other (specify) ▼ City State Zip Code Transaction ID: 14459350 Amount of Each Receipt this Period Cocupation Executive Vice President Finance and Aggregate Year-to-Date ▼ City Aggregate Year-to-Date ▼ City State Zip Code Primary General Other (specify) ▼ City State Zip Code FL 34761-3499 FEC ID number of contributing federal political committee. Name of Employer Transaction ID: 14459380 Cocupe FL 34761-3499 FEC ID number of contributing federal political committee. Name of Employer Health Central President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ SubstortAL of Receipts This Page (optional) SUBTOTAL of Receipts This Page (optional)			Aggregate	e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) B. Mr Steven Short Mailing Address P O Box 1289 City Tampa FL 33601-1289 FEC ID number of contributing federal political committee. Name of Employer FL 34761-3499 FEC ID number of contributing General Other (specify) ▼ City State Zip Code Tampa General Other (specify) ▼ Date of Receipt Transaction ID: 14459350 Amount of Each Receipt this Period Date of Receipt Transaction ID: 14459350 Amount of Each Receipt this Period Date of Receipt Transaction ID: 14459350 Date of Receipt Transaction ID: 14459350 Amount of Each Receipt this Period Date of Receipt Transaction ID: 14459350 Date of Receipt Date of Receipt Transaction ID: 14459350 Date of Receipt Date of Receipt this Period Executive Vice President Finance and A Aggregate Year-to-Date ▼ City City State Zip Code FL 34761-3499 FEC ID number of contributing federal political committee. C C Name of Employer Health Central President and Chief Executive Officer President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Date of Receipt Transaction ID: 14459350 Amount of Each Receipt this Period Date of Receipt Transaction ID: 14459380 Amount of Each Receipt this Period Executive Vice President and Chief Executive Officer President and Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 14459380 Amount of Each Receipt this Period Executive Vice President and Chief Executive Officer President				500.00	1
B. Mr Steven Short Mailing Address P O Box 1289 City State Zip Code Tampa FL 33601-1289 FEC ID number of contributing federal political committee. Name of Employer Tampa General Other (specify) ▼			0 0		
City Tampa FEC ID number of contributing federal political committee. Name of Employer Tampa General Hospital Receipt For: City Occupation Mailing Address 10000 West Colonial Drive City City City Coee FL 34761-3499 FEC ID number of contributing federal political committee. City City Coee FL 34761-3499 FEC ID number of contributing federal political committee. City Coee FL 34761-3499 FEC ID number of contributing federal political committee. City Coee FL 34761-3499 FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political committee. City Cocupation FEC ID number of contributing federal political	В.	,			Date of Receipt
Tampa FL 33601-1289 FEC ID number of contributing federal political committee. Name of Employer Tampa General Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mr. Richard M Irwin Mailing Address 10000 West Colonial Drive City State Zip Code FL 34761-3499 FEC ID number of contributing federal political committee. Name of Employer Health Central Receipt For: Primary General Occupation President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Substotal Affords Aggregate Year-to-Date ▼ 1000.00 Substotal of Receipt This Page (optional)		Mailing Address P O Box 1289			
FEC ID number of contributing federal political committee. Name of Employer Tampa General Hospital Receipt For: Date of Receipt Mailing Address 10000 West Colonial Drive		City	State	Zip Code	Transaction ID: 14459350
Name of Employer Tampa General Hospital Receipt For: Date of Receipt Date of		Tampa	<u> </u>	33601-1289	Amount of Each Receipt this Period
Tampa General Hospital Receipt For:			C		250.00
Primary General Other (specify) ▼		Name of Employer Tampa General Hospital			d 🖡
Other (specify) ▼ 250.00			Aggregate	e Year-to-Date ▼	
C. Mr. Richard M Irwin Mailing Address 10000 West Colonial Drive City Ocoee FL 34761-3499 FEC ID number of contributing federal political committee. Name of Employer Health Central President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Date of Receipt N M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				250.00	
Mailing Address 10000 West Colonial Drive City State Zip Code Ocoee FL 34761-3499 FEC ID number of contributing federal political committee. Name of Employer Health Central President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Again Address 10000 West Colonial Drive 107 23 2007 Transaction ID: 14459380 Amount of Each Receipt this Period 250.00 250.00					Date of Receipt
City Ocoee FL 34761-3499 FEC ID number of contributing federal political committee. Name of Employer Health Central Primary General Other (specify) ▼ Cupation President and Chief Executive Officer Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional) O7 23 2007 Transaction ID: 14459380 Amount of Each Receipt this Period 250.00 1000.00			rive		M M / D D / Y Y Y Y
Ocoee FL 34761-3499 FEC ID number of contributing federal political committee. C Name of Employer Health Central Occupation President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Amount of Each Receipt this Period 250.00 1000.00					
FEC ID number of contributing federal political committee. Name of Employer Health Central President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) P250.00 250.00		-		•	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ 1000.00			FL	34/61-3499	Amount of Each Receipt this Period
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 SUBTOTAL of Receipts This Page (optional)			C		250.00
Primary General Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional)			President	t and Chief Executive Office	r
Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional)			Aggregate	e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)				250.00	7
SOBTOTAL of necepts This Page (optional)		Utner (specify) ▼		200.00	1
TOTAL This Period (last page this line number only)	s	UBTOTAL of Receipts This Page (optional)			1000.00
	Ţ	OTAL This Period (last nage this line number of	only)		

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. James R Nathan Mailing Address 636 Del Prado Boulevar City Cape Coral FEC ID number of contributing federal political committee. Name of Employer Cape Coral Hospital Receipt For: Primary General Other (specify)	State FL C Occupation President		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Robert Simpson Mailing Address 13270 Corbel Circle 171		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Fort Myers FEC ID number of contributing federal political committee.	State FL C	Zip Code 33907-6836	Transaction ID: 14459478 Amount of Each Receipt this Period 250.00
	Name of Employer Lee Memorial Health System Receipt For: Primary General Other (specify) ▼	Occupation Presiden Aggregate		
D.	Full Name (Last, First, Middle Initial) Mr. Doug Luckett Mailing Address 12877 Pastures Way			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Fort Myers FEC ID number of contributing federal political committee.	State FL	Zip Code 33913-7633	Transaction ID: 14459486 Amount of Each Receipt this Period 250.00
	Name of Employer Lee Memorial Health System Receipt For: Primary General Other (specify) ▼	1	ministrator Officer e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number or	nlv)		

PAGE 37 / 101 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 17 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt A. Dr. Donald L Jernigan, , Ph.D. Mailing Address 111 North Orlando Avenue 07 2007 23 Zip Code City State Transaction ID: 14460502 Winter Park FI 32789-3675 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Adventist Health System Occupation President and Chief Executive Officer Sunbelt Health Aggregate Year-to-Date ▼ Receipt For: General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Richard K. Reiner Date of Receipt Mailing Address 1816 Lost Pine Lane 07 23 2007 City State Zip Code Transaction ID: 14460505 **Apopka** FL 32712-3957 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Florida Hospital Occupation **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Terry Shaw Date of Receipt Mailing Address 111 North Orlando Avenue 2007 07 23 Citv State Zip Code Transaction ID: 14460508 Fort Worth FI 32789-3675 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Adventist Health System Occupation Chief Financial Officer Sunbelt Health Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 38 / 101
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Mike Belbeck			Date of Receipt
	Mailing Address PO Box 2529			07 30 2007
	City	State	Zip Code	Transaction ID: 14460754
	Oak Ridge	TN	37831-2529	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Methodist Medical Center	Occupation		
	of Oak Ridge		t & Chief Administrator Offic	<u>e</u>
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) 🔻	0 0	200.00	
В.	Full Name (Last, First, Middle Initial) Mr. James L Brexler			Date of Receipt
	Mailing Address 975 East Third Street			M M / D D / Y Y Y Y
				07 30 2007
	City	State	Zip Code	Transaction ID: 14460755
	Chattanooga	TN	37403-2163	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	·	1.		
	Name of Employer Erlanger Medical Center	Occupation		
		1	t and Chief Executive Officer	·
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	1000.00	
	Culoi (oposity) 🔻	0 0		
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Ruth W Brinkley			Date of Receipt
	Mailing Address 2525 De Sales Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14460756
	Chattanooga	TN	37404-1102	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer Memorial Health Care Syst-	Occupation		
	<u>em</u>		t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify)		1000.00	
$\overline{}$				
	LIDTOTAL of Desciots This Description 19			2250.00
L	UBTOTAL of Receipts This Page (optional)		······································	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 39 / 101
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
"	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any persor	for the purpose of solici	ting contributions
Oi		Solicit contributions from	Such committee.		
	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
A.	Ms. Charlotte Burns			Date of Receipt	
	Mailing Address 935 Wayne Road			M M / D D	
				07 30	2007
	City	State	Zip Code	Transaction ID: 14	·460757
	Savannah	TN	38372-1937	Amount of Each Re	ceipt this Period
	FEC ID number of contributing				250.00
	federal political committee.	C			250.00
	Name of Employer	Occupation	1	-	
	Name of Employer Hardin Medical Center		rator and Chief Executive Offi	i	
	Receipt For:		Year-to-Date ▼	7	
	Primary General				
	Other (specify) ▼		250.00		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 142 West 5th Street			07 30	2007
	City	State	Zip Code		
	Cookeville	TN	•	Transaction ID: 14	
		IIV	38501-1760	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	rederal political committee.				
	Name of Employer Cookeville Regional Medic-	Occupation	1	1	
	al Center .	Assistant	Administrator, Nursing Servi		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		230.00		
C.	Full Name (Last, First, Middle Initial) Mr Greg Duckett			Date of Receipt	
-	Mailing Address 350 North Humphreys I	Roulevard		M M / D D	/ Y
				07 30	2007
	City	State	Zip Code	Transaction ID: 14	460759
	Memphis	TN	38120-2177	Amount of Each Re	ceipt this Period
	FEC ID number of contributing				1000.00
	federal political committee.	C			1000.00
	Name of Employer	Occupation	1	1	
	Baptist Memorial Health		ce President/ Corporate Cour	l ns	
	Care Corporati Receipt For:	-	Year-to-Date ▼	Ť	
	Primary General	33 -3			
	Other (specify) ▼		1000.00		
s	UBTOTAL of Receipts This Page (optional)				1500.00
\vdash					
T	OTAL This Period (last page this line number of				

COUEDING A (FEC Forms OV)]		FOR LINE NUMBER: PAGE 40 / 101
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
_				
or	ny information copied from such Reports and Sta for commercial purposes, other than using the	atements may name and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Michael Huggins			Date of Receipt
	Mailing Address 500 Interstate Boulevar	d South		07 30 7 2007
	City	State	Zip Code	Transaction ID: 14460760
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Tennessee Hospital Association Receipt For: Primary General Other (specify) ▼		o Vice President & COO • Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Bill Little			Date of Receipt
	Mailing Address 142 West Fith Street		07 07 2007	
	City	State	Zip Code	Transaction ID: 14460761
	Cookeville	TN	38501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Cookeville Regional Medic- al Center Receipt For: Primary General Other (specify)		erating Officer Year-to-Date 500.00]
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Bernard L Mattingly			Date of Receipt
	Mailing Address P O Box 340			07 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14460762
	Cookeville	TN	38503-0340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Cookeville Regional Medic- al Center Receipt For: Primary General Other (specify) ▼		ecutive Officer Year-to-Date 250.00]
s	UBTOTAL of Receipts This Page (optional)			1250.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 101	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12	
Δr	y information copied from such Reports and State	mente may	y not be sold or used by any perso	13 14 15 16 17	
or	for commercial purposes, other than using the nan	ne and add	lress of any political committee to	solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
_					
۸.	Full Name (Last, First, Middle Initial) Mr. James L McMackin			Date of Receipt	
-	Mailing Address 421 South Main Street			M M / D D / Y Y Y Y	
				07 30 2007	
	City	State	Zip Code	Transaction ID: 14460763	
	Crossville	TN	38555-5031	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		1000.00	
	federal political committee.				
	Name of Employer Cumberland Medical Center	Occupation	1	7	
	Cumberiand Medical Center	President	and Chief Executive Officer		
		Aggregate	Year-to-Date ▼		
	Primary General	1	1000.00		
	Other (specify)	0 0	0 0 0 0 0 0		
	Full Name (Last, First, Middle Initial)				
3.	Mr. John W Melton			Date of Receipt	
	Mailing Address 400 North State of Frankli	n Rd		07	
	City	State Zip Code			
	Johnson City	TN	37604-6035	Transaction ID: 14460764 Amount of Each Receipt this Period	
	•		37004-0003	Amount of Each Neceipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	· · · · · · · · · · · · · · · · · · ·	0 11			
	Johnson City Medical Cent-	Occupatior Senior Vi	n ce President Operations and		
	<u>U</u>		Year-to-Date V	-	
	Primary General	1 199. 194			
	Other (specify) ▼		500.00		
•	Full Name (Last, First, Middle Initial) Mr. Kem Mullins			Date of Receipt	
<i>)</i> .	Mailing Address 2986 Kate Bond Road			M M / D D / Y Y Y Y	
				07 30 2007	
	City	State	Zip Code	Transaction ID: 14460765	
	Bartlett	TN	38133-4003	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.				
	Saint Francis Hospital-Ra-	Occupation		7	
	rtlett		ecutive Officer		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		250.00		
		0 0			
	1				
s	UBTOTAL of Receipts This Page (optional)		·····	1750.00	
T	OTAL This Period (last nage this line number only	()	•		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 101
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
"	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Anthony Oliva			Date of Receipt
	Mailing Address PO Box 238			07 30 7 2007
	City	State	Zip Code	Transaction ID: 14460766
	Kingsport	TN	37662-0238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Wellmont Holston Valley	Occupation	n dical Officer	
	Medical Center Receipt For:		e Year-to-Date ▼	
	Primary General	199.79		1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Charles H Whitfield			Date of Receipt
	Mailing Address 1420 Tusculum Bouleva	07 30 7 2007		
	City	State	Zip Code	Transaction ID: 14460767
	Greeneville	TN	37745-5825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Laughlin Memorial Hospital	Occupation Presiden	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		1000.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Ms. Kimberly A. Keiser			Date of Receipt
	Mailing Address 2237 Bryden Road			07 30 YYYYY 2007
	City	State	Zip Code	Transaction ID: 14460979
	Bexley	ОН	43209-1612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ohio Hospital Association	Occupation Chief Info	n ormation Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional)			1500.00
\Box				

S	CHEDULE A (FEC Form 3X)		Llea congrata cohodula(c)	FOR LINE NUMBER: PAGE 43 / 101
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Scott C Malaney			Date of Receipt
	Mailing Address 145 West Wallace Stre	et		07 30 7 2007
	City	State	Zip Code	Transaction ID: 14460980
	Findlay	OH	45840-1299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Blanchard Valley Health Association	Occupation President	n tand Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Winfield Brown			Date of Receipt
	Mailing Address 49 Village View Road			07 30 2007
	City	State	Zip Code	Transaction ID: 14460991
	Westford	MA	01886-2359	Amount of Each Receipt this Period
	***************************************		01000 2000	7 tillount of Edon Hedelpt tills I ened
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	250.00
	FEC ID number of contributing	C		
	FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital Receipt For:	Occupation Vice Pres	1	
	FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital	Occupation Vice Pres	n sident, Administration	
	FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital Receipt For: Primary General	Occupation Vice Pres	n sident, Administration Year-to-Date ▼	
	FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Vice Pres	n sident, Administration Year-to-Date ▼	250.00
c.	FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Peter J. Zarrilla Mailing Address 6 Bates Lane City	Occupation Vice Pres Aggregate	n sident, Administration Year-to-Date ▼	Date of Receipt
C.	FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Peter J. Zarrilla Mailing Address 6 Bates Lane	Occupation Vice Pres Aggregate	n sident, Administration Year-to-Date ▼	Date of Receipt 0 7
C.	FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Peter J. Zarrilla Mailing Address 6 Bates Lane City	Occupation Vice Pres Aggregate	ident, Administration Year-to-Date ▼ 250.00 Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Peter J. Zarrilla Mailing Address 6 Bates Lane City Westford FEC ID number of contributing	Occupation Vice Pres Aggregate State MA C	zident, Administration Year-to-Date ▼ 250.00 Zip Code 01886-2523	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Peter J. Zarrilla Mailing Address 6 Bates Lane City Westford FEC ID number of contributing federal political committee.	Occupation Vice Pres Aggregate State MA C Occupation Vice Pres	Zip Code 01886-2523 Sident, Human Resources Year-to-Date Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Peter J. Zarrilla Mailing Address 6 Bates Lane City Westford FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital Receipt For:	Occupation Vice Pres Aggregate State MA C Occupation Vice Pres	Zip Code 01886-2523	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Peter J. Zarrilla Mailing Address 6 Bates Lane City Westford FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital Receipt For: Primary General	C Occupation Vice Pres Aggregate MA C Occupation Vice Pres Aggregate	Zip Code 01886-2523 Disident, Human Resources Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S

Any im or for NA Ar Ar Mar Mar	well C ID number of contributing eral political committee. me of Employer well General Hospital ceipt For:	State MA C Occupation	Zip Code 01854-2195	FOR LINE NUMBER: PAGE 44 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee. Date of Receipt Date of Receipt 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Any in or for NA Ar Ar Mr Ma	formation copied from such Reports and St commercial purposes, other than using the ME OF COMMITTEE (In Full) nerican Hospital Association PAC I Name (Last, First, Middle Initial) Richard Jeffcote illing Address 295 Varnum Avenue y well C ID number of contributing eral political committee. me of Employer well General Hospital ceipt For:	State MA C Occupation	Detailed Summary Page of not be sold or used by any persoldress of any political committee to Zip Code 01854-2195	Date of Receipt M M M
A. Mr Ma	commercial purposes, other than using the ME OF COMMITTEE (In Full) nerican Hospital Association PAC I Name (Last, First, Middle Initial) Richard Jeffcote illing Address 295 Varnum Avenue y well C ID number of contributing eral political committee. me of Employer well General Hospital ceipt For:	State MA C Occupation	z not be sold or used by any perso dress of any political committee to Zip Code 01854-2195	Date of Receipt Mark Mark Mark Mark Mark Mark Mark Mark
A. Mr Ma Cit Lo	commercial purposes, other than using the ME OF COMMITTEE (In Full) nerican Hospital Association PAC I Name (Last, First, Middle Initial) Richard Jeffcote illing Address 295 Varnum Avenue y well C ID number of contributing eral political committee. me of Employer well General Hospital ceipt For:	State MA C Occupation	Zip Code 01854-2195	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A. Mr Ma	nerican Hospital Association PAC I Name (Last, First, Middle Initial) Richard Jeffcote illing Address 295 Varnum Avenue y well C ID number of contributing eral political committee. me of Employer well General Hospital ceipt For:	MA C Occupation	01854-2195	Transaction ID: 14460993 Amount of Each Receipt this Period
A. Mr Ma Cit Lc	I Name (Last, First, Middle Initial) Richard Jeffcote illing Address 295 Varnum Avenue y well C ID number of contributing eral political committee. me of Employer well General Hospital ceipt For:	MA C Occupation	01854-2195	Transaction ID: 14460993 Amount of Each Receipt this Period
A. Mr Ma	Richard Jeffcote illing Address 295 Varnum Avenue y well C ID number of contributing eral political committee. me of Employer well General Hospital ceipt For:	MA C Occupation	01854-2195	Transaction ID: 14460993 Amount of Each Receipt this Period
Cit Lo FE fec	well C ID number of contributing eral political committee. me of Employer well General Hospital ceipt For:	MA C Occupation	01854-2195	0 7 3 0 2 0 0 7 Transaction ID: 14460993 Amount of Each Receipt this Period
Lo FE fec	well C ID number of contributing eral political committee. me of Employer well General Hospital ceipt For:	MA C Occupation	01854-2195	Amount of Each Receipt this Period
FE fec	C ID number of contributing eral political committee. me of Employer well General Hospital ceipt For:	C		
fec	eral political committee. me of Employer well General Hospital ceipt For:	Occupation		250.00
	well General Hospital ceipt For:		า	
Na Lo	7 .		ancial Officer	
Re		Aggregate	e Year-to-Date ▼	1
	Primary ☐ General Other (specify) ▼		250.00	
_	l Name (Last, First, Middle Initial) . Amy J. Hoey			Date of Receipt
Ma	iling Address 295 Varnum Avenue	07 30 7 2007		
Cit	y	State	Zip Code	Transaction ID: 14460994
<u>Lo</u>	well	MA	01854-2134	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
Na Lo	me of Employer well General Hospital	Occupation Vice Pres	n Sident Patient Care	
Re	ceipt For:	Aggregate	e Year-to-Date ▼	1
	Primary General Other (specify) ▼	0 0	250.00	
	I Name (Last, First, Middle Initial) Normand E Deschene, , FACHE			Date of Receipt
	Mailing Address 295 Varnum Avenue			0 7 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	у	State	Zip Code	Transaction ID: 14460995
<u>Lo</u>	well	MA	01854-2134	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		500.00
Na Lo	me of Employer well General Hospital	Occupation President	n t and Chief Executive Officer	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUB ⁻	TOTAL of Receipts This Page (optional)		·····	1000.00

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 101
	EMIZED RECEIPTS	or each category of the		(check only one)
II LIWIZLD RECEIP 13		Detailed Summary Page		X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Joseph White, III			Date of Receipt
	Mailing Address 10 Lakeside Terrace			07 30 7 2007
	City	State	Zip Code	Transaction ID: 14460996
	Westford	MA	01886-1392	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lowell General Hospital	Occupation	n e Vice President & COO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Joseph M. Letnaunchyn			Date of Receipt
	Mailing Address 100 Association Drive	07 30 2007		
	City	State	Zip Code	Transaction ID: 14461276
	Charleston	WV	25311-1217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer West Virginia Hospital As-	Occupation	n	7
	West Virginia Hospital Association	Presiden	t & CEO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Mr. Wayne B. Griffith			Date of Receipt
	Mailing Address P.O. Box 901			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 14461278
	Princeton	WV	24740-0901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Princeton Community Hospi- tal	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	E00.00	1
	Other (specify) ▼		500.00]
<u>_</u>	IIDTOTAL of Describe This Days (1989)			1250.00
Ļ ^s	UBTOTAL of Receipts This Page (optional)		······	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 101 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may lame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. John Sicurella			Date of Receipt
	Mailing Address 13 Zitko Terrace			07 30 7 2007
	City	State	Zip Code	Transaction ID: 14461279
	Glen Dale	WV	26038-1335	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Reynolds Memorial Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Dr. Ali Rahimian, MD			Date of Receipt
	Mailing Address 114 Allison Avenue			$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City	State	Zip Code	Transaction ID: 14461280
	Bridgeport	WV	26330-2502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer United Hospital Center	Occupation Director.	n Obstetrics & Gynecology	
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Howard Neiberg, M.D.			Date of Receipt
	Mailing Address 1388 National Road #3			07 30 7 2007
	City	State	Zip Code	Transaction ID: 14461281
	Wheeling	WV	26003-5715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Reynolds Memorial Hospital	Occupation Director.	n Radiology Department	
	Receipt For:	1	e Year-to-Date ▼	7
	Primary General		250.00	1
	Other (specify) ▼		250.00	
S	UBTOTAL of Receipts This Page (optional)			750.00
			<u> </u>	
T	OTAL This Period (last page this line number o	nly)		

S

				1
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 101 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\geq	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. John C Forester			Date of Receipt
	Mailing Address 151 Windwood Drive			07 30 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14461284
	Morgantown	WV	26505-2493	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HEALTHSOUTH MountainView	Occupation	n	
	Regional Reha		ecutive Officer	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
— В.	Full Name (Last, First, Middle Initial) Ms. Karen L Bowling			Date of Receipt
	Mailing Address 127 Orlando Street			07 30 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14461285
	Beckley	WV	25801-8792	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Raleigh General Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Dan Lauffer, , FACHE			Date of Receipt
	Mailing Address 1039 Pendleton Place			07 30 Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14461286
	Hurricane	WV	25526-9484	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Saint Francis Hospital	Occupation		
	Receipt For:		ecutive Officer e Year-to-Date ▼	
	Primary General	Aggregate	e rear-to-Date V	1
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 101		
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)		
• • •	II LIMIZED ITEOLII 13		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
abla	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Dr Thomas P Glynn, , Ph.D.			Date of Receipt		
	Mailing Address 800 Boylston Street, Ste	•				
	City	State	Zip Code	Transaction ID: 14461345		
	Boston	MA	02199-8001	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Partners HealthCare Syste- m, Inc.	Occupation Administ	n raror, Chief Operating Office	r		
	Receipt For:	-	e Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼	0 0	500.00			
В.	Full Name (Last, First, Middle Initial) Mr. Mark J Howard			Date of Receipt		
	Mailing Address 3100 North Tenaya Way	07 31 7 2007				
	City	State	Zip Code	Transaction ID: 14461351		
	Las Vegas	NV	89128-0436	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer MountainView Hospital	Occupation	n t and Chief Executive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	00 0		1		
	Other (specify) ▼		500.00			
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Ing-Jye Cheng			Date of Receipt		
	Mailing Address 6820 Deerpath Road			07 31 2007		
	City	State	Zip Code	Transaction ID: 14461389		
	Elkridge	MD	21075-6200	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
		Occupation	n	7		
	Name of Employer Maryland Hospital Associa- tion		of Health Care Finance			
	Name of Employer Maryland Hospital Associa- tion Receipt For:	Director of	of Health Care Finance • Year-to-Date ▼			
	Maryland Hospital Associa- tion	Director of	e Year-to-Date ▼			
	Maryland Hospital Associa- tion Receipt For:	Director of				
	Maryland Hospital Association Receipt For: Primary General	Director of Aggregate	e Year-to-Date ▼ 500.00	1500.00		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EWIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 17 18 17 18 17 18 17 18 17 18 17 18 18
An or i	y information copied from such Reports and Sta or commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms Susan Bichel			Date of Receipt
	Mailing Address 701 Grove Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14465173
	Greenville	SC	29605-4211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Greenville Hospital System	Occupation Vice Pres	n sident Financial Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Joe Blake			Date of Receipt
	Mailing Address 209 Babbs Holw			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 14465174
	Greenville	SC	29607-3747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Greenville Hospital System	Occupation VP of Leg	n gal Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Ms. Rebecca T Brewer, , FACHE			Date of Receipt
	Mailing Address 501 Robertson Boulevar	0 7 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14465175
	Walterboro	SC	29488-5714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Colleton Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00
T,	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 101 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Joe Chandler Mailing Address 1511 Ninety Six Highwa	V		Date of Receipt
	City	State	Zip Code	0 7 3 1 2 0 0 7 Transaction ID: 14465176
	Ninety Six	SC	29666-9261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Regional Healthcare	Occupation Trustee	ı	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Venna Chandler			Date of Receipt
	Mailing Address 300 Ryans Run Court	07 31 7 2007		
	City Greenville	State SC	Zip Code	Transaction ID: 14465177
	FEC ID number of contributing federal political committee.	C	29615-6056	Amount of Each Receipt this Period 300.00
	Name of Employer AnMed Health Medical Cent- er	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
).	Full Name (Last, First, Middle Initial) Mr. Philip A Clayton			Date of Receipt
	Mailing Address P O Box 829			07 31 7 2007
	City Conway	State SC	Zip Code 29528-0829	Transaction ID: 14465178 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	23320 0020	250.00
	Name of Employer Conway Medical Center	Occupation President	n t and Chief Executive Office	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)			800.00
T	OTAL This Period (last page this line number or	nly)		

PAGE 51 / 101 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Mr Howell Clyborne Mailing Address 701 Grove Road 07 2007 31 Zip Code City State Transaction ID: 14465179 Greenville SC 29605-4211 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Greenville Hospital System Occupation Vice President Community and Governmen Aggregate Year-to-Date ▼ Receipt For: General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Richard E D'Alberto, , FACHE Date of Receipt Mailing Address P O Box 976 07 31 2007 City Zip Code State Transaction ID: 14465180 29325-0976 Clinton SC Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Laurens County Healthcare Occupation Chief Executive Officer System Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Douglas Dorman Date of Receipt Mailing Address 701 Grove Road 2007 07 3 1 Citv State Zip Code Transaction ID: 14465181 Greenville SC 29605-5611 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Greenville Hospital System Occupation VP Hum Res & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 52 / 101
ITEMIZED RECEIPTS			or each category of the	(check only one)	
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b	11c 12
_				13 14	15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any persor dress of any political committee to :	n for the purpose of solicitions from s	ing contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 in oriodit i loopital 7 loopital on 17 No				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. J Larry Dozier, , FACHE			Date of Receipt	
	Mailing Address P O Box 620			0 7	2007
	City	State	Zip Code		
	Winnsboro	SC	29180-0620	Transaction ID: 14	
		30	29180-0620	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Fairfield Memorial Hospit-	Occupation			
	al .		ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	250.00		
	Other (specify)				
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 701 Grove Road			M M / D D	/ Y
				07 31	2007
	City	State	Zip Code	Transaction ID: 14	465183
	Greenville	SC	29605-4211	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				
	Name of Employer Greenville Hospital System	Occupation	n	1	
	Greenville Hospital System	Vice Pres	sident Information and Techn	o	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		230.00		
	Full Name (Lord First Mills Live N				
C.	Full Name (Last, First, Middle Initial) Rev Terence K Fleming			Date of Receipt	
•	Mailing Address PO Box 357			M M / D D	/ Y
				07 31	2007
	City	State	Zip Code	Transaction ID: 14	465184
	Folly Beach	SC	29439-0357	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.				200.00
	Name of Employer	Occupation	n	1	
	Roper Hospital	VP for Mi			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050'00'		
	Other (specify)		250.00		
_					
					750.00
S	UBTOTAL of Receipts This Page (optional)		······		7 30.00
T	OTAL This Period (last page this line number of	only)	>		

SCHEDULE A (FEC Form 3X))	11	FOR LINE NUMBER: PAGE 53 / 101
ITEMIZED RECEIPTS	•	Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Howard Harrison			Date of Receipt
Mailing Address 316Calhoun Street			07 31 2007
City	State	Zip Code	Transaction ID: 14465185
Charleston	SC	29401-1113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Roper Hospital	Occupation VP, Hum	n an Resources	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	, ,	250.00	1
Other (specify)	0 0	230.00	
Full Name (Last, First, Middle Initial) Ms. Lisa Irvin			Date of Receipt
Mailing Address 159 Harbour Watch V	07 31 2007		
City	State	Zip Code	Transaction ID: 14465186
Mount Pleasant	SC	29464-2827	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Roper Hospital	Occupation VP of Nu		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	1
☐ Other (specify) ▼	0 0	250.00	J
Full Name (Last, First, Middle Initial) Ms. Ellen Jackson			Date of Receipt
Mailing Address 316 Calhoun Street			07 31 2007
City	State	Zip Code	Transaction ID: 14465187
Charleston	SC	29401-1113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Roper Hospital	Occupation VP, Man	n aged Care & Physician Serv	ic e s
Receipt For:		e Year-to-Date ▼	
Primary General		250.00	1
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)		······	750.00
TOTAL This Period (last page this line number	er only)		

0	CHEDIII E A /EEC Eorm 2V)			FOR LINE NUMBER: PAGE 54 / 101
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
_				
or	ny information copied from such Reports and Si for commercial purposes, other than using the	name and add	not be sold or used by any personantee to dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr Bret Johnson			Date of Receipt
	Mailing Address 316 Calhoun Street			07 31 2007
	City	State	Zip Code	Transaction ID: 14465188
	Charleston	SC	29401-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Roper Hospital		ancial Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify)		250.00	
				4
В.	Full Name (Last, First, Middle Initial) Mr Fred L Latham			Date of Receipt
	Mailing Address 1325 Spring Street			07
	City	State	Zip Code	Transaction ID: 14465189
	Greenwood	SC	29646-3860	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self Regional Healthcare	Occupation		
			e Vice President and Chief C	<u>/pe</u>
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
	Curici (opeony) V	0 0		1
<u> </u>	Full Name (Last, First, Middle Initial) Mr. David T Lewis			Date of Receipt
	Mailing Address 809 Bridgetown Pass			07 31 Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14465190
	Mt Pleasant	SC	29464-8330	Amount of Each Receipt this Period
		- 00	23404 0000	Amount of Each Necept this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Roper Hospital	Occupation Vice Pres	n sident/General Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	L	250.00	
5	UBTOTAL of Receipts This Page (optional)		_	750.00
\vdash				-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 101 (check only one) X
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Gregg Martin Mailing Address 2252 Bolling Hill Lane			Date of Receipt
	Mailing Address 2252 Rolling Hill Lane			07 31 2007
	City Sumter	State SC	Zip Code 29150-1934	Transaction ID: 14465191 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tuomey Healthcare System	Occupation Senior Vi	n ice President & COO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr Jerry A Parrish			Date of Receipt
	Mailing Address 800 North Fant Street			07 31 7 2007
	City	State	Zip Code	Transaction ID: 14465192
	Anderson FEC ID number of contributing federal political committee.	SC	29621-5793	Amount of Each Receipt this Period 250.00
	Name of Employer AnMed Health Medical Cent- er	Occupation Vice Pres		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. George Rikard			Date of Receipt
	Mailing Address 26 English Street			07 31 7 2007
	City	State	Zip Code	Transaction ID: 14465193
	Sumter	SC	29150-3212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tuomey Healthcare System	Occupation	n e Compliance Officer	
	Receipt For:	- · · · · · · · · · · · · · · · · · · ·	e Year-to-Date V	\dashv
	Primary General Other (specify) ▼	33 13111	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 101
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EIVIIZED NECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Greg Rusnak			Date of Receipt
	Mailing Address 701 Grove Road	07 31 7 2007		
	City	State	Zip Code	Transaction ID: 14465194
	Greenville	SC	29605-4211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Greenville Memorial Hospi- tal	Occupation Chief Op	n erating Officer	
	Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Francis M. Sauvageau			Date of Receipt
	Mailing Address 4815 National Drive			07 31 YYYYY 2007
	City	State	Zip Code	Transaction ID: 14465195
	Myrtle Beach	SC	29579-7214	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lighthouse Care Center of Conway	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼		250.00	1
	Full Name (Last, First, Middle Initial)			4
C.	Mr. Matthew J Severance			Date of Receipt
	Mailing Address 316 Calhoun Street			07 07 31 2007
	City	State	Zip Code	Transaction ID: 14465196
	Charleston	SC	29401-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	250.00		
	Name of Employer Roper Hospital	Occupation Chief Exe	n ecutive Officer	7
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		250.00]
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash				-

SCHEDULE A (FEC Form 3X)			Lla a concrete a chadula(a)	FOR LINE NUMBER: PAGE 57 / 101
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
"	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Dr Steven D Shapiro, , M.D.			Date of Receipt
	Mailing Address 316 Calhoun Street			07 31 7 2007
	City	State	Zip Code	Transaction ID: 14465197
	Charleston	SC	29401-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Roper Hospital	Occupation Vice Pres	n sident for Medical Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		200.00	
— В.	Full Name (Last, First, Middle Initial) Lieutenant Michael Taylor			Date of Receipt
	Mailing Address 316 Calhoun Street			07 31 7 2007
	City	State	Zip Code	Transaction ID: 14465198
	Charleston	SC	29401-1125	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Roper Hospital	Occupation Chief Info	n ormation Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	230.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Jeanne L Ward			Date of Receipt
	Mailing Address 298 Memorial Drive			07
	City	State	Zip Code	Transaction ID: 14465199
	Seneca	SC	29672-9499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Oconee Memorial Hospital	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:		e Year-to-Date ▼	7
	Primary General	-30		1
	Other (specify) ▼		250.00	
	UBTOTAL of Receipts This Page (optional)			750.00
ıs	ODIOIAL OF HECEIPIS THIS FAGE (OPLIOHAI)	• • • • • • • • • • • • • • • • • • • •		

SCHEDULE A (FEC Form 3	X)	Llea congrete cohodulo(a)	FOR LINE NUMBER: PAGE 58 / 101
ITEMIZED RECEIPTS	,	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may	not be sold or used by any perso	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ig the name and add	iless of any political committee to	Solicit Contributions from Such Committee.
American Hospital Association PA	AC		
Full Name (Last, First, Middle Initial) Mr. David L. Dunlap, FACHE			Date of Receipt
Mailing Address 125 Doughty Stree Suite 760			07 31 7 2007
City <u>Charleston</u>	State SC	Zip Code 29403-5736	Transaction ID: 14465200 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Roper Hospital	Occupation President	n : and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Edmond R. Jordan			Date of Receipt
Mailing Address 201 Graylyn Drive	•		07 31 7 2007
City	State	Zip Code	Transaction ID: 14465201
Anderson	SC	29621-1985	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer AnMed Health Medical Cent-	Occupation Director of	n of Urgent Care	
er Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Mr. John A Miller, , FACHE			Date of Receipt
Mailing Address 800 North Fant St	reet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14465202
Anderson	SC	29621-5793	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		750.00
Name of Employer AnMed Health Medical Cent- er	Occupation President		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (option	nal)		2250.00
TOTAL This Period (last page this line nu	mber only)		

PAGE 59 / 101 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Michael C. Riordan Date of Receipt Mailing Address 4 White Crescent Lane 07 2007 3 1 Zip Code City State Transaction ID: 14465203 Simpsonville SC 29681-3614 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Greenville Hospital System Occupation President and CEO Aggregate Year-to-Date ▼ Receipt For: General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Stuart Smith Date of Receipt Mailing Address 169 Ashley Avenue 07 31 2007 City Zip Code State Transaction ID: 14465204 Charleston SC 29403-5836 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer MUSC Medical Center of Me-Occupation Vice President Clinical Operations and dical Univers Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Charles Johnston Date of Receipt Mailing Address Box 368 2007 07 19 Citv State Zip Code Transaction ID: 14470472 Pauls Valley OK 73075-0368 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Pauls Valley General Hosp-Occupation Chief Executive Officer ital Receipt For: Aggregate Year-to-Date ▼ General Primary 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 101
IT	EMIZED RECEIPTS		or each category of the	(check only one)
••	EMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δι	ny information copied from such Reports and Stateme	nts may	not he sold or used by any person	
or	for commercial purposes, other than using the name	and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
\angle	·			
	Full Name (Last, First, Middle Initial)			Data of Descript
Α.	Mr. Kevin M. Pitzer Mailing Address 4187 Houkom Court			Date of Receipt
	Mailing Address 4187 Houkom Court			07 30 2007
	City	tate	Zip Code	Transaction ID: 14472063
		ID	58104-6002	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	-		250.00
	Name of Employer Oc	cupation	า	7
	Innovis Health Ch	ief Op	erating Officer	
	Receipt For: Ag	gregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		230.00	
_	Full Name (Last, First, Middle Initial)			But of Busin
Ь.	Katie Vaughan			Date of Receipt
	Mailing Address 506 A East Howell Avenue			M M / D D / Y Y Y Y
	City	tate	Zip Code	Transaction ID: PR1034595119360
	Alexandria V	Ά	22301	Amount of Each Receipt this Period
	FFO ID assembles of a contribution			
	federal political committee.			40.00
	Name of Employer			_
	American Höspital Associa-	cupation	Director	
	tion washingt		Year-to-Date ▼	-
	Primary General	igi ogaic	Tour to Bate V	P/R Deduction (\$20.00 Bi-
	Other (specify)		300.00	Weekly)
C.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
•	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700			
	City	tate	Zip Code	Transaction ID: PR1045726219360
	<u>Washington</u>)C	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			100.00
	federal political committee.			100.00
	Name of Employer American Hospital Associa-	cupation	<u> </u>	7
	American Hospital Associa- tion-Washingt	& Chi	ef Washington Counsel	
		gregate	e Year-to-Date ▼	
	Primary General	1 1	450.00	P/R Deduction (\$50.00 Bi-
	Other (specify) ▼		430.00	Weekly)
Г				200.00
S	UBTOTAL of Receipts This Page (optional)		······	390.00
_	OTAL This Davied (lest note this line south to all)			
1 1	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 61 / 101
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Sohini Jindal			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1125613619360
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation Senior As	n ssociate Director	
	tion-Washingt Receipt For:		e Year-to-Date ▼	-
	Primary General	33 -3		P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		300.00	Weekly)
	Full Name (Last, First, Middle Initial) Ms. Mary Meadows			Date of Receipt
•	Mailing Address One North Franklin			M M / D D / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1260472919360
	Chicago	IL	60606-3436	
	_	- IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		27.78
	Name of Employer American Organization of	Occupation	n	7
	Nurse Executi	Director of	of Professional Practice	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	000.05	P/R Deduction (\$13.89 Bi-
	Other (specify) ▼		208.35	Weekly)
Э.	Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1339349919360
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation		
	tion	l	Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		840.00	P/R Deduction (\$60.00 Bi- Weekly)
		-		
SI	JBTOTAL of Receipts This Page (optional)			187.78

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 62 / 101
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		Detailed Carrinary Fage	13 14 15 16 17
Any information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Data of Bassint
Ms. Frances Margolin Mailing Address One North Franklin			Date of Receipt
Mailing Address One North Franklin			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR1347702719360
Chicago	IL	60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing			50.00
federal political committee.	C		50.00
Name of Employer American Hospital Associa-	Occupation		7
tion-Chicago		sident, Operatinos HRET	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	' '	225.00	P/R Deduction (\$25.00 Bi- Weekly)
Other (specify)	0 0	0 0 0 0 0 0 0	- VVCCNIY)
Full Name (Last, First, Middle Initial)			Date of Receipt
Mr. Jack A. Mackay Mailing Address One North Franklin			-
Mailing Address Offe NOTH Flankiin	M M / D D / Y Y Y Y		
City	State	Zip Code	Transaction ID: PR1347703619360
Chicago	IL	60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing	С		50.00
federal political committee.			30.00
Name of Employer American Hospital Associa-	Occupation	 1	┪
American Hospital Associa- tion-Chicago		sident & CIO	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		005.00	P/R Deduction (\$25.00 Bi-
Other (specify)		225.00	Weekly)
Full Name (Last, First, Middle Initial) Ms. Linda Fishman			Date of Receipt
Mailing Address 325 Seventh Street, NW	1		M M / D D / Y Y Y Y
Suite 700			
City	State	Zip Code	Transaction ID: PR327629119360
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
rederal political committee.			
Name of Employer American Hospital Associa-	Occupation		
tion-Washingt	1	sident Federal Relations	_
Receipt For:	Aggregate	e Year-to-Date ▼	. [
Primary General		585.00	P/R Deduction (\$45.00 Bi- Weekly)
Other (specify)			Weekly)
SUBTOTAL of Receipts This Page (optional)		·····	190.00
TOTAL This Period (last page this line number or	nlv)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 63 / 101
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial)			1
۹.	Mr. Lindsay Mac Robinson			Date of Receipt
	Mailing Address 107 East Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327727319360
	Lake Barrington	IL	60010-1939	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.	<u> </u>		
	Name of Employer American Hospital Associa-	Occupation	n	7
	American Hospital Associa- tion-Chicago	Vice Pres	sident, PMGs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		450.00	P/R Deduction (\$50.00 Bi-
	Other (specify) ▼		+50.00	Weekly)
	Full Name (Last, First, Middle Initial)			
3.	Ms. Deborah F. Weiner			Date of Receipt
	Mailing Address 11004 Petersborough	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR327745919360
	Rockville	MD	20852-3249	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.	<u> </u>		
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt	Director,	Grassroots Advocacy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		450.00	P/R Deduction (\$50.00 Bi-
	Other (specify)	0 0	100.00	Weekly)
	Full Name (Last, First, Middle Initial)			+
Э.	Mr. Neil J. Jesuele			Date of Receipt
	Mailing Address 1003 Kimberly Place			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR327801719360
	Great Falls	VA	22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt	-	e Vice President	4
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		225.00	P/R Deduction (\$25.00 Bi- Weekly)
	Carior (opcomy) 🔻	1 1	0 0 0 0 0 0 0	I comy)
S	UBTOTAL of Receipts This Page (optional))	250.00
	·		•	
T	OTAL This Period (last page this line number o	nly)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 64 / 101
			Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327812019360
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Organization of	Occupation Executive		
	Nurse Executi Receipt For:		e Year-to-Date ▼	-
	Primary General			P/R Deduction (\$40.00 Bi-
	Other (specify)		775.00	Weekly)
	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NW Apt. 1008	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR327851919360
	Washington	DC	20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		Policy Development	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - 1 - 1' (005 00 D'
	Other (specify)		225.00	P/R Deduction (\$25.00 Bi- Weekly)
) .	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858019360
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt	1	e Director, AHAPAC	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		600.00	P/R Deduction (\$40.00 Bi- Weekly)
	Ciriel (specily)	0 0		Weekly)
SI	JBTOTAL of Receipts This Page (optional)			210.00
т	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 65 / 101	
			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
					7
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt	
	Mailing Address One North Franklin			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR327877819360	
	Millis	MA	60606-3436	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		86.98	
	Name of Employer American Hospital Associa-	Occupation	n Executive		
	tion-Chicago Receipt For:		Year-to-Date ▼	-	
	Primary General	00 0		P/R Deduction (\$43.49 Bi-	
	Other (specify) ▼	0 0	521.88	Weekly)	
3.	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom			Date of Receipt	
	Mailing Address One North Franklin			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR327895719360	
	Chicago	<u> </u>	60606-3436	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer American Hospital Associa-	Occupation	1	7	
	tion-Chicago	Vice Pres		_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		225.00	P/R Deduction (\$25.00 Bi- Weekly)	
 D.	Full Name (Last, First, Middle Initial) Dr. John R. Combes, M.D.			Date of Receipt	
	Mailing Address 1610 Tahiti Court			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR328006019360	
	Gulf Breeze	FL	32563-4937	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		100.00	
	Name of Employer American Hospital Associa-	Occupation	1	7	
	tion-Chicago		nter for Healthcare Governa	n ¢ e	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		450.00	P/R Deduction (\$50.00 Bi- Weekly)	
S	LUBTOTAL of Receipts This Page (optional)			236.98]
_	(optional)				ī
T	OTAL This Period (last page this line number o	nly)	>		1

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 101
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and S	tatements may	y not he sold or used by any nerso	
or	for commercial purposes, other than using the	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Mr. Richard J Umbdenstock			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328132819360
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Presiden		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		585.00	P/R Deduction (\$45.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial)			
В.	Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 South 7th Avenue	M M / D D / Y Y Y		
	City	State	Zip Code	Transaction ID: PR328136919360
	La Grange	IL	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing	C		100.00
	federal political committee.			100.00
	Name of Employer American Hospital Associa-	Occupation		
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice I	President, Member Relations	
	Name of Employer American Hospital Associa-	Occupation Sr. Vice I	President, Member Relations Year-to-Date ▼	3
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Sr. Vice I	President, Member Relations	
	Name of Employer American Hospital Association-Chicago Receipt For: Primary General	Occupation Sr. Vice I	President, Member Relations Year-to-Date ▼	P/R Deduction (\$50.00 Bi-
C.	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Sr. Vice I	President, Member Relations Year-to-Date ▼	P/R Deduction (\$50.00 Bi-Weekly)
 c.	Name of Employer American Hospital Association-Chicago Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian	Occupation Sr. Vice I	President, Member Relations Year-to-Date ▼	P/R Deduction (\$50.00 Bi-Weekly) Date of Receipt
 C.	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Mailing Address 5545 N. Wayne	Occupation Sr. Vice I Aggregate	President, Member Relations	P/R Deduction (\$50.00 Bi-Weekly) Date of Receipt
c.	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Mailing Address 5545 N. Wayne City	Occupation Sr. Vice I Aggregate	President, Member Relations Year-to-Date ▼ 450.00 Zip Code	P/R Deduction (\$50.00 Bi-Weekly) Date of Receipt Transaction ID: PR328223819360
 C.	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Mailing Address 5545 N. Wayne City Chicago FEC ID number of contributing federal political committee.	Occupation Sr. Vice I Aggregate State IL	President, Member Relations Year-to-Date ▼ 450.00 Zip Code 60640-1318	P/R Deduction (\$50.00 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR328223819360 Amount of Each Receipt this Period
C.	Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Mailing Address 5545 N. Wayne City Chicago FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago	Occupation Sr. Vice I Aggregate State IL C Occupation Vice Pres	President, Member Relations Year-to-Date ▼ 450.00 Zip Code 60640-1318	P/R Deduction (\$50.00 Bi-Weekly) Date of Receipt Transaction ID: PR328223819360 Amount of Each Receipt this Period
 C.	Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Mailing Address 5545 N. Wayne City Chicago FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For:	Occupation Sr. Vice I Aggregate State IL C Occupation Vice Pres	President, Member Relations Year-to-Date ▼ 450.00 Zip Code 60640-1318	P/R Deduction (\$50.00 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328223819360 Amount of Each Receipt this Period 50.00
c.	Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Mailing Address 5545 N. Wayne City Chicago FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago	Occupation Sr. Vice I Aggregate State IL C Occupation Vice Pres	President, Member Relations Year-to-Date ▼ 450.00 Zip Code 60640-1318	P/R Deduction (\$50.00 Bi-Weekly) Date of Receipt Transaction ID: PR328223819360 Amount of Each Receipt this Period
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Mailing Address 5545 N. Wayne City Chicago FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼	State IL Occupation Vice Pres Aggregate	President, Member Relations Year-to-Date ▼ 450.00 Zip Code 60640-1318 Sident Year-to-Date ▼ 225.00	P/R Deduction (\$50.00 Bi-Weekly) Date of Receipt Transaction ID: PR328223819360 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-
	Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Mailing Address 5545 N. Wayne City Chicago FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General	State IL Occupation Vice Pres Aggregate	President, Member Relations Year-to-Date ▼ 450.00 Zip Code 60640-1318 Sident Year-to-Date ▼ 225.00	P/R Deduction (\$50.00 Bi-Weekly) Date of Receipt M*M / D*D / Y*Y*Y*Y Transaction ID: PR328223819360 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 67 / 101
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
	in the second control of the second control			13 14 15 16 17
or	ly information copied from such Reports and State for commercial purposes, other than using the na	me and add	rnot be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224919360
	Silver Spring	MD	20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice F		
	Receipt For:		Year-to-Date ▼	
	Primary General		450.00	P/R Deduction (\$50.00 Bi-
	Other (specify) ▼	0 0	450.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Ronald O. Purcell			Date of Receipt
	Mailing Address 1093 N. Faldo Way	M ' M / D ' D / Y ' Y ' Y ' Y		
	City	State	Zip Code	Transaction ID: PR328241419360
	Eagle	ID	83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		55.56
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago		Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		416.70	P/R Deduction (\$27.78 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328260919360
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive	n e Vice President	7
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)		_	235.56
H	OTAL This Period (last page this line number onl			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 68 / 101
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt
	Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328310419360
	Arnold	MD	21012-2126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice I	n President, Communications	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	P/R Deduction (\$50.00 Bi- Weekly)
	Other (specify)	1 1	0 0 0 0 0 0 0	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt
	Mailing Address 1001 N. Potomac St.	M " M / D " D / Y " Y " Y " Y		
	City	State	Zip Code	Transaction ID: PR328312719360
	Arlington	VA	22205-1629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Hospital Associa-	Occupation	n ice President	
	tion-Washingt Receipt For:		e Year-to-Date ▼	
	Primary General	1 99 19 111		P/R Deduction (\$50.00 Bi-
	Other (specify) ▼	0 0	450.00	Weekly)
.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328341819360
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt	Director,	Political Action & Grassroot	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	T	600.00	P/R Deduction (\$40.00 Bi-
	Other (specify)	0 0		Weekly)
s	UBTOTAL of Receipts This Page (optional)			280.00
_	OTAL TIL D. 1.10		·	
T	OTAL This Period (last page this line number or	nıy)		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 69 / 101
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any person	for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to s	olicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511819360
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		95.20
	Name of Employer American Hospital Associa-	Occupation	n Executive	
	tion-Chicago Receipt For:		Year-to-Date ▼	-
	Primary General	riggrogate	Tear to Bate V	D/D Doduction (\$47.60 Bi
	Other (specify) ▼		714.00	P/R Deduction (\$47.60 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 909 N. Madison St.			M ' M / D ' D / Y ' Y ' Y ' Y
	City	State	Zip Code	Transaction ID: PR328512019360
	Arlington	VA	22205-1655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	n sident, Media Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
	Mailing Address AHA			M M / D D / Y Y Y Y
	One North Franklin Stre	et		
	City	State	Zip Code	Transaction ID: PR329013419360
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director,	n Psychiatric and Substance Al	
	Receipt For:		e Year-to-Date ▼	1
	Primary General	-		P/R Deduction (\$25.00 Bi-
	Other (specify) ▼	0 0	225.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			185.20
T	OTAL This Period (last page this line number or	nly)	.	

SCHEL	OULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 70 / 101			
			Use separate schedule(s) or each category of the	(check only one)			
ITEMIZ	ED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Curimary Fuge	13 14 15 16	17		
Any inform	ation copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.			
	117	ame and add	aress of any political committee to	solicit contributions from such committee.			
\	OF COMMITTEE (In Full)						
Ameri	can Hospital Association PAC						
	me (Last, First, Middle Initial) byn Cooke			Date of Receipt			
	Address 325 Seventh Street, NW			M M / D D / Y Y Y Y			
9	Suite 700						
City		State	Zip Code	Transaction ID: PR329084419360			
<u>Washi</u>	ington	DC	20004-2818	Amount of Each Receipt this Period			
FEC ID	number of contributing			42.40	П		
	political committee.	C		43.48			
Name o	of Employer an Hospital Associa-	Occupation]			
tion-Wa	ashingt		ssociate Director Executive E	<u>Br</u>			
Receipt		Aggregate	Year-to-Date ▼				
	rimary		260.88	P/R Deduction (\$21.74 Bi- Weekly)			
	thei (specify)	0 0	0 0 0 0 0 0 0	(Veckly)			
_	me (Last, First, Middle Initial)			Date of Descript			
	Thomas Deweese	l Courth		Date of Receipt			
iviaiiiig	Address 500 Interstate Boulevard	M M / D D / Y Y Y Y					
City		State	Zip Code	Transaction ID: PR329215719360			
<u>Nashv</u>	ille	TN	37210-4634	Amount of Each Receipt this Period			
FEC ID	number of contributing			100.00	П		
federal	political committee.	C		100.00			
Name o	of Employer	Occupation	 1	┪			
Americ tion-Ch	of Employer an Hospital Associa-		Executive				
Receipt			Year-to-Date ▼	7			
P	rimary General		450.00	P/R Deduction (\$50.00 Bi-			
0	ther (specify)		450.00	Weekly)			
	me (Last, First, Middle Initial) mas Misfeldt			Date of Receipt			
Mailing	Address One North Franklin			M " M / D " D / Y " Y " Y " Y			
			7: 0 1				
City		State	Zip Code	Transaction ID: PR330411619360			
<u>Chica</u>		IL	60606-3436	Amount of Each Receipt this Period	_		
	number of contributing political committee.	C		50.00			
rederai	political committee.				_		
Name o	f Employer an Hospital Associa-	Occupation					
tion-Ch	icago '		e Regional Executive				
Receipt		Aggregate	e Year-to-Date ▼				
	rimary General		225.00	P/R Deduction (\$25.00 Bi-			
	ther (specify) ▼	0 0		Weekly)			
					$\overline{}$		
SUBTOTA	SUBTOTAL of Receipts This Page (optional)						
TOTAL T	his Period (last page this line number or	nly)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE /1 / 101
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	Tarric and add	areas or any ponnear committee to	Solicit Contributions from Such Committee.
American Hospital Association PAC			
/			
Full Name (Last, First, Middle Initial) A. Mr. Paul N. Muraca			Date of Receipt
Mailing Address 4960 138th Circle West			M M / D D / Y Y Y Y
0.1	01-1-	7'- 0-1-	DD000475440000
City Apple Valley	State MN	Zip Code 55124-9229	Transaction ID: PR330475419360 Amount of Each Receipt this Period
FEC ID number of contributing		33124-3223	
federal political committee.	C		80.00
Name of Employer American Hospital Associa-	Occupation		7
tion-Chicago		Executive	4
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Doduction (040 00 Di
Other (specify)		600.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial)			
Ms. Jennifer E. Mallard			Date of Receipt
Mailing Address 6109 North 9th Road			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR330534319360
Arlington	VA	22205-1609	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer American Hospital Associa-	Occupation		7
tion-Washingt Receipt For:		ciate Director e Year-to-Date ▼	_
Primary General	Aggregate	e real-lo-Dale V	P/R Deduction (\$25.00 Bi-
Other (specify) ▼	0 0	225.00	Weekly)
Full Name (Last, First, Middle Initial) C. Ms. Eileen O'Keefe			Date of Receipt
Mailing Address One North Franklin			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR330549219360
Chicago	IL	60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing	С		40.00
federal political committee.			
Name of Employer American Hospital Associa-	Occupation		
tion-Chicago Receipt For:	-	sident, Member Relations e Year-to-Date ▼	-
Primary General	7 iggi ogaic		P/R Deduction (\$20.00 Bi-
Other (specify)		300.00	Weekly)
SUBTOTAL of Receipts This Page (optional)		·····	170.00
,		<u>^</u>	
TOTAL This Period (last page this line number of	nly)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 72 / 101
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, -	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330776119360
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		43.48
	Name of Employer American Hospital Associa- tion-Washingt	Occupation V.P., Adv	n vocacy & Member Communio	caltions
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		326.10	P/R Deduction (\$21.74 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush			Date of Receipt
	Mailing Address 26 West Glendale Ave.	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR331304219360
	Alexandria	VA	22301-1101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		38.48
	Name of Employer American Hospital Associa-	Occupation Director	n Advocacy and Public Policy (On.
	tion-Washingt Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		288.58	P/R Deduction (\$19.24 Bi- Weekly)
 D.	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt
	Mailing Address PO Box 15587			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331416019360
	Austin	TX	78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion	Occupation Regional	n Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	897.69	P/R Deduction (\$60.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			201.96
	·		·	
T	OTAL This Period (last page this line number or	nly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	check only one) X 11a
			Detailed Summary Page	13 14 15 16 17
Ar or	ny information copied from such Reports and Statement for commercial purposes, other than using the name ar	ts may	not be sold or used by any person dress of any political committee to so	for the purpose of soliciting contributions plicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Donald May			Date of Receipt
	Mailing Address 521 Great Falls Street			M M / D D / Y Y Y Y
	City Sta	ate	Zip Code	Transaction ID: PR331533219360
	Falls Church VA	4	22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			80.00
	American Hospital Associa-	upation Pres	n sident, Policy	
		regate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	P/R Deduction (\$40.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City Sta	ate	Zip Code	Transaction ID: PR346168119360
	Chicago IL		60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			41.66
	American Heenital Accord	upatio	n e Director, ASHRM	
	tion chicago		e Year-to-Date ▼	
	Primary General Other (specify) ▼		270.79	P/R Deduction (\$20.83 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M " M / D " D / Y " Y " Y " Y
	City Sta	ate	Zip Code	Transaction ID: PR517619719360
	Washington DC	<u> </u>	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			78.40
	American Hospital Associa- tion-Washingt Seni		irector Executive Branch Relat	
	Receipt For: Agg Primary General	regate	e Year-to-Date ▼	B/B B
	Other (specify) ▼		568.80	P/R Deduction (\$39.20 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)		>	200.06
Т	OTAL This Period (last page this line number only)		>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 74 / 101 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Ms. Ashley B. Thompson Date of Receipt Mailing Address 606 South Royal Street M M / D D City State Zip Code Transaction ID: PR766023719360 Alexandria VA 22314-4142 Amount of Each Receipt this Period FEC ID number of contributing C 38.48 federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation Senior Associate Director, Policy Aggregate Year-to-Date ▼ Receipt For: Primary General P/R Deduction (\$19.24 Bi-Weekly) 250.10 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	38.48
TOTAL This Period (last page this line number only)	•	59358.51

S

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate s or each catego Detailed Summ	ry of the `		LINE ck only 11a 13	one		R:	11c 15		/ 10 ⁻ 2 6	1 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or use dress of any politic	ed by any personal committee to	n for th solicit o	e purp contrib	ose ution	of sol	icitir n sı	ng cont uch cor	tributi nmitt	ons ee.	
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
۱.	Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW					ate of	Rec	eipt 3		/ Y	y 20	y y 0,7	
	City Washington	State DC	Zip Code 20005							169483			
	FEC ID number of contributing federal political committee.	С		0		imourii	IOIE	acni	Tec	eipt this		0.63	1
	Name of Employer Receipt For: Primary General Other (specify)	Occupation Aggregate	Year-to-Date ▼	2367.95	Ba	ınk In	tere	st					
					1								

SUBTOTAL of Receipts This Page (optional)	•	310.63
TOTAL This Period (last page this line number only)	•	310.63

	GILDOLL B (I LCI OIIII 3X)	Use seperate schedule(-OR LI check			:K:			PAGI	= /6/	101
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		_	21b	<u> </u>	22 28a		23 28b	\square	24 <u> </u>	25 29	26 30b
	y Information copied from such Reports and State												าร
or	for commercial purposes, other than using the na	me and address of any politic	cai com	nm	littee to	SOIIC	it contr	ribut	ions tr	om st	icn con	nmittee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
Z	American Hospital Association 1 Ac												
Α.	Full Name (Last, First, Middle Initial)								-		69477		
Α.	American Express						Date	of D	isburs			V	V
	Mailing Address Ste. 001						0 ^M 7	IVI	′	2	′	ž 0 ŏ	7 '
	City	State Zip Code					Amou	ınt o	f Each	n Disb	urseme	nt this	Period
	Chicago	IL 60679							-			4	50
	Purpose of Disbursement Merchant Service Fee			0	01	1	-	-		-		, 7.	30
	Candidate Name		_	_	egory/	4							
				T	ype								
	Office Sought: House Disbur	sement For:					Merch	nan	t Serv	ice F	-ee		
	President	Primary Genera Other (specify) ▼	u										
	State: District:	(1 3/ 1											
_	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID	: 144	69476		
В.	Merchant Bankcard							_	isburs				
	Mailing Address 1601 Elm Street						0 ^M 7	М	/ D	2	/ <u>Y</u>	žoŏ	7 ^Y
	City	State Zip Code					Amou	ınt o	f Each	n Disb	urseme	nt this	Period
	Dallas	TX 75201	_					-				80.	00
	Purpose of Disbursement Merchant Service Fee			0	01			-	-		-	, , ,	
	Candidate Name				egory/ ype								
	Office Sought: House Disbur	sement For:					Merch	nan'	t Sen	/ice F	-00		
	Senate	Primary Genera	ıl				1010101	iuii	. 001	100 1	00		
	President State: District:	Other (specify)											
_	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID	. 144	69480		
C.	American Express						Date	of D	isburs	emen	t		
	Mailing Address Ste. 001						0 ^M 7	М	[/] D	5	/ Y	ž 0 ŏ	7 ^Y
	City	State Zip Code					Amou	ınt o	f Each	Disb	urseme	nt this	Period
	Chicago	IL 60679										1.	48
	Purpose of Disbursement Merchant Service Fee			0	01			-	-		-		
	Candidate Name				egory/ ype								
	· H	sement For:	•				Merch	nan'	t Serv	vice F	-ee		
	Senate President	Primary Genera	ıl										
	State: District:	Other (specify)											
_		IN.										85.	98
⊢ ^s	UBTOTAL of Disbursements This Page (optional				. ,	<u>-</u>		-	-			30.	
т	OTAL This Period (last page this line number on	ly)			. 1	•	L.						

0																	
	CHEDULE B (FEC Form 3X)	Use sepe	rate schedule(s)		OR LIN			R:			PA	.GE	77 /	101			
IT	EMIZED DISBURSEMENTS		ategory of the		check o	_			00	_	٦.,	$\overline{}$	ا مح	_	٦ ۵۵		
		Detailed S	Summary Page		21b 27		22 28a	_	23 28b	F	24 28c	\vdash	25 29		26 30b		
Δn	y Information copied from such Reports and Statem	ente may no	t he sold or used	l by an				rnos		L		ontri	_		300		
	for commercial purposes, other than using the name													3			
\setminus	NAME OF COMMITTEE (In Full)																
	American Hospital Association PAC																
_	Full Name (Last, First, Middle Initial)					-	Transa	acti	on ID	: 1	44694	<u></u>					
Α.	Merchant Bankcard						Date o	of Di	sburs	en	nent						
	Mailing Address 1601 Elm Street						0 ^M 7	М	D C) 5	5 / Y	ž	οŏ	7 ^Y			
	,	State TX	Zip Code 75201				Amour	nt of	Each	ı D	isburse	men	t this	Peri	od		
	Purpose of Disbursement	17	73201		57.85												
	Merchant Service Fee			0	01		-	-	-	-	-	_					
	Candidate Name				egory/												
					/pe												
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General cify) ▼			N	/lerch	ant	Serv	/ic	e Fee						
	State: District:																
_	Full Name (Last, First, Middle Initial)					-	Transa	acti	on ID	: 1	44694	 81					
В.	Citibank, F.S.B.						Date o	of Di	sburs	en	nent						
	Mailing Address 1400 G Street, NW						0 ^M 7	M	D 1	3 1	B / Y	ž	o ŏ	7 ^Y			
	,	State DC	Zip Code 20005			Amount of Each Disbursement this Period											
		DC	20003			_	Γ.						61.	82			
	Purpose of Disbursement Bank Fee			0	01		-	-					011	_			
	Candidate Name			Cate	egory/ ype												
	Office Sought: House Disburse	ment For:					Bank I	Ecc									
	Senate	Primary	General			-	odiik i	ree	;								
	President	Other (spec	cify) 🔻														

<u> </u>	119.67
	205.65
	<u> </u>

District:

State:

	SHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s))		-OR LIN check o	IF NOWRE	=R:			PAGE	: /8/	101
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a	Х	23 28b	\Box	24 28c	25 29	26 30b
	y Information copied from such Reports and Stat											ıs
or	for commercial purposes, other than using the na	me and address of any politica	l com	nm	littee to s	solicit cont	rıbu	tions fr	om s	uch com	mittee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
L	American nospital Association FAC											
Α.	Full Name (Last, First, Middle Initial)								_	88982		
۸.	Wynn For Congress					M	N/	isburs			v v	Υ
	Mailing Address P. O. Box 39139					0 7			3		ž 0 ŏ 7	7
	City	State Zip Code				Amo	unt c	of Each	Disk	urseme	nt this I	Period
	Washington	DC 20016	1								500.	00
	Purpose of Disbursement Contribution			0	11			-	-		000.	
	Candidate Name		-		egory/							
	Rep. Albert Russell Wynn			T	ype							
	Office Sought: X House Disbut	x Primary General				Cont	ribu	tion				
	President	Other (specify)										
	State: MD District: 4											
В.	Full Name (Last, First, Middle Initial)									88286		
٠.	Boyd For Congress					Date	of L	isburs			YYY	Y
	Mailing Address P.O. Box 15703					0 7			3		žoŏī	7
	City Tallahassee	State Zip Code FL 32317				Amo	unt c	of Each	Disk	urseme	nt this I	Period
	Purpose of Disbursement	1L 32317				-					3500.	00
	Contribution			Ö	11							
	Candidate Name Rep. Allen Boyd				egory/ ype							
	9 2	rsement For: 2008				Cont	ribu	tion				
	Senate President	X Primary General Other (specify) ▼				00.11						
	State: FL District: 2	Other (specify)										
_	Full Name (Last, First, Middle Initial)					Trans	sact	ion ID	: 143	86964		
C.	Norm Coleman For U.S. Senate							isburs			.,, .	
	Mailing Address 1412 Energy Park Driv	e #11				0 ^M 7		/ D	3	/ Y	ž o ŏ 7	7
	City Saint Paul	State Zip Code MN 55108				Amo	unt c	of Each	n Dist	urseme	nt this I	Period
	Purpose of Disbursement Contribution			_	11	† L.					2000.	00
	Candidate Name		-	_	egory/							
	Sen. Norm Coleman				ype							
	· -	rsement For: 2008				Cont	ribu	tion				
	χ Senate President	X Primary General Other (specify) ▼										
_	State: MN District: 2											
9	UBTOTAL of Disbursements This Page (optiona	ıD			. •					. (5000.	00
H	ODI OTAL OF DISSUISONIONIS THIS LAGE (OPHONE	·/ ······					-	-	•		-	
Т	OTAL This Period (last page this line number on	ly)			. ▶	L.						

	SHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s))		-OR LINI check or	= NUMBE	:K:			PAGE	- /9/	101
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a	Х	23 28b	$\boldsymbol{\sqcup}$	24 <u> </u>	25 29	26 30k
	y Information copied from such Reports and State											IS
or	for commercial purposes, other than using the na	me and address of any politica	l com	nm	ittee to s	olicit conti	ribut	ions fr	om sı	uch com	ımıttee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
L	American Hospital Association PAC											
Α.	Full Name (Last, First, Middle Initial) Norm Coleman For U.S. Senate								_	88282		
	Norm Coleman For U.S. Senate					M		isburs			Y Y	Y
	Mailing Address 1412 Energy Park Driv	e #11				0 7			3		ž 0 ŏ 7	7
	City Saint Paul	State Zip Code MN 55108				Amou	ınt o	f Each	Disb	urseme	nt this I	Period
	Purpose of Disbursement	WIN 33100		_		-					1000.	00
	Contribution			Ō	11							
	Candidate Name Sen. Norm Coleman				egory/ /pe							
	Office Sought: House Disbut	rsement For: 2008				Contr	ihut	tion				
	χ Senate President	Primary X General				Conti	ibui					
	State: MN District: 2	Other (specify)										
	Full Name (Last, First, Middle Initial)					Trans	sacti	ion ID:	: 143	89584		
В.	Matsui For Congress							isburs	emen			
	Mailing Address PO Box 1738					0 ^M 7	М	/ DC	3	/ Y ;	žoŏ	7 ^Y
	City Sacramento	State Zip Code CA 95812				Amou	ınt o	f Each	Disb	urseme	nt this I	Period
	Purpose of Disbursement	0,1		_		1 .					4000.	00
	Contribution		_		11							
	Candidate Name Rep. Doris Matsui				egory/ /pe							
	Office Sought: X House Disbut	rsement For: 2008				Contr	ihut	tion				
		X Primary General				Conti	ibui	11011				
	State: CA District: 5	Other (specify) ▼										
_	Full Name (Last, First, Middle Initial)					Trans	sacti	ion ID:	: 143	88291		
C.	Whitehead For Congress						_	isburs				
	Mailing Address PO Box 619					0 ^M 7	М	/ DC	3	/ <u> </u>	ž 0 ŏ 7	7
	City Evans	State Zip Code GA 30809				Amou	ınt o	f Each	Disb	urseme	nt this I	Period
	Purpose of Disbursement Contribution			٥	11	L.		_			2500.	00
	Candidate Name Mr. James Whitehead		Ca	ate	egory/							
		rsement For: 2007		1)	/pe	_						
	Senate	Primary General				Contr	ibut	tion				
		X Other (specify) ▼										
_	State: GA District: 10 Runo	TT										
s	UBTOTAL of Disbursements This Page (optiona	al)			. •						7500.	00
ΙТ	OTAL This Period (last page this line number on	ly)										

	CHEDULE B (FEC Form 3X)		erate schedule(s)			OR LI		NUMBE	R:			I	PAGE	80 /	101	
IT!	EMIZED DISBURSEMENTS		category of the Summary Page		È	21b 27	ŕ	22 28a	Х	23 28	b	24 28		25 29	\vdash	26 30k
	Information copied from such Reports and Stater or commercial purposes, other than using the nam														าร	
\setminus	NAME OF COMMITTEE (In Full)		7.													
	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Jerry Weller For Congress Inc.							Trans Date					9585			
	Mailing Address P.O. Box 2368							0 ^M 7	М	/	^D 1 1) /	Y	ž 0 Ŏ	7 ^Y	
	City Joliet	State IL	Zip Code 60434					Amou	ınt c	of Ea	ch D	isbur	seme	nt this	Period	j
	Purpose of Disbursement Contribution			Г	0	11]	L.	-					500.	00	_
	Candidate Name Rep. Gerald C. Weller			С		egory/ pe										
	Senate X President	ement For: Primary Other (spe	2008 General					Contr	ibu	tion						
	State: IL District: 11 Full Name (Last, First, Middle Initial)							Tron		lan	ID. 1	4200)E00			
В.	Pryce For Congress							Trans Date		isbu	ırsen			ΥΥΥ	Y	
	Mailing Address 145 E. Rich Street							0 7		L	11		:	ž 0 Ŏ	7	
	City Columbus	State OH	Zip Code 43215					Amou	ınt c	of Ea	ch D	isbur		nt this		i
	Purpose of Disbursement Contribution					11		L.		-				1000.	00	_
	Candidate Name Rep. Deborah Pryce			С		egory/ vpe										
	Senate X President	ement For: Primary Other (spe	2008 General					Contr	ibu	tion						
	State: OH District: 15 Full Name (Last, First, Middle Initial)															_
C.	Walden For Congress Inc.							Trans Date		isbu	ırsen	nent		V V	V	
	Mailing Address PO Box 1091							0 7		Ĺ	11			ž 0 Ŏ	7	
	City Hood River	State OR	Zip Code 97031					Amou	ınt c	of Ea	ch D	isbur		nt this		i
	Purpose of Disbursement Contribution				_	11		L.		-				1000.	00	_
	Candidate Name Rep. Greg Walden					egory/ rpe										
		ement For: Primary Other (spe	2008 General					Contr	ibu	tion						
<u> </u>	· · · · · · · · · · · · · · · · · · ·													2500.	00	$\overline{}$
	JBTOTAL of Disbursements This Page (optional) DTAL This Period (last page this line number only)					. <u>I</u>	<u>-</u>	\vdash	-	-	-	•		-550.	-	╡

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s	(2	FOR LINE		PAGE 81 / 101				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30k				
	y Information copied from such Reports and Sta for commercial purposes, other than using the n									
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC		<u> </u>							
	Full Name (Last, First, Middle Initial)				Transaction ID	D: 14389593				
٦.	Mikulski For Senate Committee				Date of Disburs					
	Mailing Address P O B 13147				07 / 0	11 7 2007				
	City Baltimore	State Zip Code MD 21203			Amount of Eac	h Disbursement this Period				
	Purpose of Disbursement 2010 Contribution		Īг	011		1000.00				
	Candidate Name Sen. Barbara A. Mikulski		C	ategory/ Type						
	X Senate President	x Primary General Other (specify) ▼		71-2	2010 Contribu	ution				
	State: MD District: 1 Full Name (Last, First, Middle Initial)				Transaction IE					
٥.	Texans For Senator John Cornyn Inc				Date of Disburs					
	Mailing Address 6850 Austin Centre Bl Suite 180	vd				11 2007				
	City Austin	State Zip Code TX 78731			Amount of Eac	h Disbursement this Period				
	Purpose of Disbursement Contribution			011		2500.00				
	Candidate Name Sen. John Cornyn		C	ategory/ Type						
	X Senate President	rrsement For: 2008 X Primary General Other (specify) ▼		. , , , ,	Contribution					
	State: TX District: 2 Full Name (Last, First, Middle Initial)				Transaction ID	n. 1.4290E01				
Э.	Louie Gohmert For Congress Committee	е			Date of Disburs					
	Mailing Address PO Box 8060				07 / 0	11 7 2007				
	City Tyler	State Zip Code TX 75711			Amount of Eac	h Disbursement this Period				
	Purpose of Disbursement Contribution			011	<u> </u>	1000.00				
	Candidate Name Rep. Louie Gohmert			ategory/ Type						
	Office Sought: X House Senate President State: TX District: 1	x Primary General Other (specify) ▼	-		Contribution					
s	UBTOTAL of Disbursements This Page (option	al)				4500.00				
	OTAL This Period (last page this line number or	IIY)			1					

	IZED DISBURSEMENTS for each category	Use seperate schedule(s)		OR LII check d						. , ,	UL	82 /	101
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ë	21b 27	П	22 28a	Х	23 28b		24 28c	П	25 29	26 30
	y Information copied from such Reports and State													s
or	for commercial purposes, other than using the nan	e and address of any politica	u com	ımı	ittee to	SOIICI	t cont	ribut	ions ti	rom s	sucn c	omn	nittee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC													
L	American Hospital Association 1 Ac													
Α.	Full Name (Last, First, Middle Initial)										4534	15		
Α.	Ellen Tauscher For Congress						Date	_			nt		V	V
	Mailing Address 20 Park Road, Suite E Suite E						0 7	IVI	/ L	1 ^D	/	2	o ŏ 7	7 '
	City	State Zip Code					Amou	ınt o	f Eacl	n Dis	burse	ment	this F	Period
	Burlingame Purpose of Disbursement	CA 94010	I									1	000.0	00
	Contribution			0.	11				-			-	-	
	Candidate Name Rep. Ellen O. Tauscher				gory/ pe									
	The state of the s	ement For: 2008 Primary General Other (specify)					Contr	ibut	ion					
_	Full Name (Last, First, Middle Initial)						Tuona		an ID	. 1 1	4500	40		
В.	Friends Of Jane Harman						Trans Date		isburs	eme			Υ	Y
	Mailing Address PO Box 96						0 7			1 ^D	L	2	0 ŏ 7	7
	City Torrance	State Zip Code CA 90507					Amou	ınt o	f Eacl	n Dis	burse	-		-
	Purpose of Disbursement Contribution			Ò.	11					0		1	000.	00
	Candidate Name Rep. Jane Harman				gory/ pe									
		ement For: 2008 Primary General Other (specify)					Contr	ibut	ion					
	Full Name (Last, First, Middle Initial)						T		ID		4500	F0		
C.	Walsh For Congress Committee						Trans Date	of D	isburs	eme				
	Mailing Address 306 Winkworth Parkway						0 ^M 7	М	/ D	17	/ _	ž	0 ŏ 7	7 1
	City Syracuse	State Zip Code NY 13215					Amou	ınt o	f Eacl	n Dis	burse	ment	this F	Period
	Purpose of Disbursement Contribution			0	11		L.	_	-			_ 1	000.	00
	Candidate Name Rep. James T. Walsh		Ca	ate	gory/ pe									
		ement For: 2008 Primary General Other (specify)	1				Contr	ibut	ion					
	UBTOTAL of Disbursements This Page (optional)				•				•			30	000.0	00

	CHEDULE B (FEC Form 3X)		erate schedule(s)			OR LI		NUMBE	R:			P	AGE	83 /	101	_
IT _	EMIZED DISBURSEMENTS		category of the Summary Page		Ė	21b 27	ŕ	22 28a	Х	23 28b	, [24 280	; [25 29	\mathbf{H}	26 30k
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam														IS	
\vdash	NAME OF COMMITTEE (In Full)															
$ \rangle$	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Larson For Congress							Trans Date		-	-		245			
	Mailing Address 29 Ruff Circle							0 ^M 7	М	/ [17	'	Y 2	2 0 0 7	7 ^Y	
	City Glastonbury	State CT	Zip Code 06033					Amou	ınt o	f Ea	ch D	isburs	emer	nt this I	Period	
	Purpose of Disbursement Contribution			Γ	0	11]							1000.	00	_
	Candidate Name Rep. John B. Larson			С		egory/ /pe										
	Senate President	ement For: Primary Other (spe	2008 X General ecify) ▼					Contr	ibut	tion						
_	State: CT District: 1 Full Name (Last, First, Middle Initial)							Trans	sacti	ion I	D: 1	4453	230			
B.	Richard E Neal For Congress Committee								of D) [7 /	Υ Σ	2 0 ŏ 7	7 Y	
	Mailing Address 76 Magnolia Terrace							0 /	_	L	17					
	City Springfield	State MA	Zip Code 01108					Amou	ınt o	of Ea	ch D	isburs		nt this I		,
	Purpose of Disbursement Contribution Candidate Name				-	11								1000.	00	_
	Rep. Richard E. Neal			C		egory/ vpe										
	-	ement For: Orimary Other (spe	2008 General					Contr	ibut	tion						
	State: MA District: 2															
C.	Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign							Trans Date		isbu	rsem	ent		, * ' *	V	
	Mailing Address PO Box 16128							0 7	IVI	<u> </u>	17			2 o ŏ 7	7 '	
	City Houston	State TX	Zip Code 77222					Amou	ınt o	f Ea	ch D	isburs		nt this I		$\overline{}$
	Purpose of Disbursement Contribution				_	11			_					1000.	00	_
	Candidate Name Rep. Gene Green			С		egory/ /pe										
	· -	ement For: C Primary Other (spe	2008 General					Contr	ibut	tion						
9	UBTOTAL of Disbursements This Page (optional)						 ▶	·				•	3	8000.0	00	ī
	OTAL This Period (last page this line number only					· '	_		·	•	-	•	•	-		ī

SC	CHEDULE B (FEC Form 3X)	Lice cond	erate schedule(s)					NUMBE	R:				PAGI	E 84/	101
IT	EMIZED DISBURSEMENTS	for each	category of the ((check		- '		ا مم	_	¬ ,		7 05	
		Detailed 9	Summary Page		H	21k 27	` -	22 28a	H	23 28		_	24 28c	25 29	26
	Information copied from such Reports and Statem														
or t	or commercial purposes, other than using the name	e and addres	ss of any political	con	nm	ittee to) SOII	cit conti	ıbut	ions	fron	n su	ich con	nmittee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC														
\angle															
Α.	Full Name (Last, First, Middle Initial)												53226	i	
	Berkley For Congress							Date of	_	_				YY	_ Y
	Mailing Address 3069 Conquista Court							0 7		L	^D 1 7	7	L.	žoŏ	7
		State	Zip Code					Amou	int o	of Ea	ach C	Disbu	urseme	ent this	Period
	Las Vegas Purpose of Disbursement	NV	89121											2000	.00
	Contribution				0	11	Ш		-	-		_	-		
	Candidate Name Rep. Shelley Berkley			С		gory/									
		ement For:	2008		1)	ре									
		Primary	General					Contr	ibut	tion	1				
	President State: NV District: 1	Other (spe	ecify)												
	Full Name (Last, First, Middle Initial)										<u> </u>		50054		
В.	Lofgren For Congress							Trans Date					53251 :		
	Mailing Address 50 W. San Fernando Str							о ^м 7	М	/	1 7	7	Y	ž 0 Ŏ	7 ^Y
	Mailing Address 50 W. San Fernando Str. Suite 350	eei						07 17 200							
	City San Jose	State CA	Zip Code 95113					Amou	int o	f Ea	ach D)isbı	urseme	ent this	Period
	Purpose of Disbursement	<u> </u>	00110				_							2000	.00
	Contribution			L	_	11	Ш								
	Candidate Name Rep. Zoe Lofgren			С		egory/ /pe									
	Office Sought: X House Disburse	ement For:	2008		•			Contr	ihut	tion	,				
		Primary	General					Conti	ibui	liOi	1				
	State: CA District: 16	Other (spe	ecity) 🔻												
_	Full Name (Last, First, Middle Initial)							Trans	acti	ion	ID: 1	1438	39597	•	
C.	Friends Of Byron Dorgan							Date of	of D					W * W	
	Mailing Address PO Box 871							0 7	IVI	Ĺ	1 7	7	Ľ.	žoŏ	7 '
		State	Zip Code					Amou	ınt o	of Ea	ach E	Disb	urseme	ent this	Period
	Bismarck Dispussed of Dispussement	ND	58502										-	1000	.00
	Purpose of Disbursement 2010 Contribution				0	11	Ш				-	_			
	Candidate Name Sen. Byron L. Dorgan					egory/ vpe									
		ement For:	2010		' '	γpe		0010	_						
	X Senate X	Primary	General					2010	Coi	ntrii	outio	on			
	State: ND District: 2	Other (spe	ecify)												
	Sand. 113 Diotriot. E							_		-		_			
SI	JBTOTAL of Disbursements This Page (optional)					.	<u> </u>		0					5000.	00
т	OTAL This Period (last page this line number only)						•								

		Use seperate schedule		(check		olvider ne)	٦.		AGE	85 /	101	_
IIE	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag		21b	<u> </u>	22 28a	X 23 28b	24 280	;	25 29		26 30b
	Information copied from such Reports and State										s	
	or commercial purposes, other than using the na	ime and address of any politi	cai com	millee lo	SOIIC	it contri	butions	rom sucr	Comi	nittee		
`	NAME OF COMMITTEE (In Full)											
/ ′	American Hospital Association PAC											
	Full Name (Last, First, Middle Initial)					Transa	ction II	D : 14453	229			
۱. ۱	People For English						f Disbur					
ľ	Mailing Address PO Box 1940					0 ^M 7	/ D	1 7 /	Y 2	0 ŏ 7	, ^Y	
	City	State Zip Code				Amour	nt of Eac	h Disburs	emer	nt this F	Period	į
_	Erie	PA 16507	_							1000.0	00	П
	Purpose of Disbursement Contribution			011		-				. 000.	,	_
	Candidate Name			ategory/	1							
_	Rep. Phil English			Туре								
(rsement For: 2008 X Primary General	al			Contril	oution					
	President	Other (specify)										
	State: PA District: 3											
•	Full Name (Last, First, Middle Initial) People For English						action II f Disbur	D: 14471	697			
[-eopie Foi Eligiisii					Date o			γ ,	/ ` Y	Υ	
ľ	Mailing Address PO Box 1940					0 7		1 7 ^D	2	2 0 ŏ 7		
	City	State Zip Code PA 16507				Amour	nt of Eac	h Disburs	emer	nt this F	Period	į
_	Erie Purpose of Disbursement	PA 10007	1_							500.0	00	٦
	Contribution			011								_
	Candidate Name Rep. Phil English			ategory/								
_	· · · · · · · · · · · · · · · · · · ·	rsement For: 2008		Туре								
`	Senate Sought.	Primary X Genera	al			Contril	oution					
	President	Other (specify) ▼										
	State: PA District: 3				_							
•	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc					Transa Date o	iction II f Disbur): 14452 sement	482			
_						M N			Y	2 0 ŏ 7	Υ	
ľ	Mailing Address PO Box 2918					0 7		1 /		2007		
	City	State Zip Code				Amour	nt of Eac	h Disburs	emer	nt this F	Period	i
_	Raleigh Purpose of Disbursement	NC 27602					-			1000.0	00	٦
	Contribution			011								_
	Candidate Name			ategory/								
_	Sen. Elizabeth Dole Office Sought: House Disbur	rsement For: 2008		Туре								
(X Primary General	al			Contril	oution					
	President	Other (specify)										
	State: NC District: 1											
SII	BTOTAL of Disbursements This Page (optiona	I)		1	•				2	500.0	00	
-50	age (optional	.,			_	<u></u>	-	• •	-		-	Ħ
ΤO	TAL This Period (last page this line number on	lv)		1	•							

TEMIZED DISBURSEM	for each category of the	l À	ck only	<u> </u>					
	Detailed Summary Page	- 1	21b 27	22 28a	X 23 28b	. Н	24 28c	25 29	26 30b
	orts and Statements may not be sold or use								IS
<u> </u>	using the name and address of any politica	l committe	e to so	olicit contr	ributions	trom s	such cor	nmittee	
NAME OF COMMITTEE (In Full)	n DAC								
/ American Hospital Association	II PAC								
Full Name (Last, First, Middle Initi	,				action I			;	
Committee for a Livable Futu	re			M	of Disbur			YY	Y
Mailing Address 921 SW W Suite 470	ashington Street			0 7		17	L.	ž 0 ŏ	7
City Portland	State Zip Code OR 97205			Amou	int of Ead	ch Dis	burseme	ent this	Period
Purpose of Disbursement	On 9/203		_					1000.	00
2007 Contribution		011							
Candidate Name		Catego Type							
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼			2007	Contrib	ution			
Full Name (Last, First, Middle Initi	<u> </u>			-			45000	,	
3. Courtney For Congress	.,,			Date	action II of Disbur	seme	nt		Y
Mailing Address 38 Risley F	oad			0 7		17	Ĺ.,	žoŏ	7
City Vernon	State Zip Code CT 06066			Amou	int of Ead	h Dis	burseme		
Purpose of Disbursement Contribution		011		L.				1000.	00
Candidate Name Rep. Joseph Courtney		Catego Type	-						
Office Sought: X House Senate President	Disbursement For: 2008 X Primary General Other (specify)			Contr	ibution				
State: CT District: 2	cc. (cpcs), •								
Full Name (Last, First, Middle Initi - All America PAC					action I			5	
Mailing Address 607 14th S Suite 800	reet, NW			0 ^M 7	M / D	17	/ Y	ž 0 ŏ	7 ^Y
City Washington	State Zip Code DC 20005			Amou	int of Ead	h Dis	burseme	ent this	Period
Purpose of Disbursement 2007 Contribution		011						500.	00
Candidate Name		Catego Type							
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼			2007	Contrib	ution			
State: District:									
SUBTOTAL of Disbursements This	Page (optional)		<u> </u>					2500.	00

		Use seperate schedule(s)		OR LIN	nly o	na)						87/	
ITE	MIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ë	21b 27		22 28a	X	23 28b	П	24 28c		25 29	26 30
	Information copied from such Reports and State													IS
L	r commercial purposes, other than using the nar	ne and address of any politica	al com	ımı	ttee to	SOLICI	t conti	ıbut	ons tr	om s	such c	comn	nittee	
I \	NAME OF COMMITTEE (In Full)													
	American Hospital Association PAC													
	Full Name (Last, First, Middle Initial)						Trans		-			60		
~ · ⊦	ROYB - Rely on Your Beliefs Fund						M	of Di м	sburs		nt	, · · v	V	V
M	Mailing Address 1300 Pennsylvania Ave Suite 700	nue, NW					0 7		1	1 9	Ĺ	2	οŏ	7 '
	City Vashington	State Zip Code DC 20004					Amou	int o	f Each	n Dis	burse	men	t this I	Period
_	Purpose of Disbursement	20004		_		-						1	000.	00
	2007 Contribution		Ш	0.	11									
Ċ	Candidate Name				gory/ pe									
	Office Sought: House Disburs Senate President District:	ement For: Primary General Other (specify) ▼				2	2007	Cor	ntribu	tion				
F	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	. 14	4652	13		
B. F	Reyes Committee, Inc., The						Date		sburs	eme			Y	Y
M	Mailing Address 1011 Montana Ave.						0 7			1 9	L	2	o ŏ ī	7
	City El Paso	State Zip Code TX 79901					Amou	int o	f Each	n Dis	burse	-		Period
	Purpose of Disbursement Contribution			0.	11		L.			0 (1	000.	00
	Candidate Name Rep. Silvestre Reyes				gory/ pe									
	Senate President	ement For: 2008 Primary General Other (specify)	•			(Contr	ibut	ion					
	State: TX District: 16					_								
	Full Name (Last, First, Middle Initial) Pete King For Congress Committee						Trans Date	of D	sburs	eme				_
N	Mailing Address Post Office Box 1428						0 ^M 7	М	/ D	1 9	/ L	ž	o ŏ	7
	City Geaford	State Zip Code NY 11783					Amou	int o	f Each	n Dis	burse	men	t this	Period
	Purpose of Disbursement Contribution			0.	11		L.	_				. 1	000.	00
	Candidate Name Rep. Peter T. King		Ca	ate	gory/ pe									
	Office Sought: X House Senate President State: NY District: 3	ement For: 2008 Primary X General Other (specify)	1			(Contr	ibut	ion					
	-							_			3000.00			
SUF	BTOTAL of Disbursements This Page (optional				<u> </u>							3	UŲU.	JU

			22 X 23 24 25 26 28 28 28 29 30b 28c contributions
or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee Mailing Address PO Box 87 City State			olicit contributions from such committee
American Hospital Association PAC Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee Mailing Address PO Box 87 City State			Transaction ID: 1//65218
Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee Mailing Address PO Box 87 City State			Transaction ID: 1///65219
A. Jim Gerlach For Congress Committee Mailing Address PO Box 87 City State			Transaction ID: 1//65219
City State			Date of Disbursement
			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} T \end{smallmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} T \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{smallmatrix}$
Owomana	Zip Code 19480		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. James W. Gerlach		Category/ Type	
			Contribution
State: PA District: 6 Full Name (Last, First, Middle Initial) B. Tim Bishop For Congress			Transaction ID: 14465219 Date of Disbursement
Mailing Address PO Box 437			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Q & Q & Y \\ 2 & 0 & Q & Y \end{bmatrix}$
City State Farmingville NY	Zip Code 11738		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Timothy Bishop		Category/ Type	
Office Sought: X House Disbursement X Print President Other State: NY District: 1			Contribution
Full Name (Last, First, Middle Initial) C. Pascrell For Congress Inc.			Transaction ID: 14453516 Date of Disbursement
Mailing Address P.O. Box 640			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} 7^{M} & \begin{smallmatrix} D \\ 2 \end{smallmatrix} 5 & \begin{smallmatrix} Y \\ 2 \end{smallmatrix} 0 0 7^{Y} \end{bmatrix}$
City State Totowa NJ	Zip Code 07511		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. William J. Pascrell, Jr.		Category/ Type	
Office Sought: X House Disbursement X Prim President Other State: NJ District: 8			Contribution
SUBTOTAL of Disbursements This Page (optional)		>	3000.00

	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)			OR LI		NUMBE one)	R:			F	PAGE	89 /	101	
1 I	EMIZED DISBURSEMENTS		category of the Summary Page		Ė	21b 27	Ĺ	22 28a	Х	23 28l	<u> </u>	24 280	; <u> </u>	25 29		26 30l
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam														IS	
\setminus	NAME OF COMMITTEE (In Full)															
$ \rangle$	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Pascrell For Congress Inc.							Trans Date		-	-	4453 nent	523			
	Mailing Address P.O. Box 640							0 ^M 7	М	/	2 5	9 /	Y	<u> 0</u> 0 0	7 ^Y	
	City Totowa	State NJ	Zip Code 07511					Amou	unt c	of Ea	ch D	isburs	semer	nt this	Period	k
	Purpose of Disbursement Contribution	140	07011	Г	0	11	1							1000.	00	
	Candidate Name Rep. William J. Pascrell, Jr.			С	ate	gory/ pe										
	Senate President	ement For: Primary Other (spe	2008 X General ecify) ▼					Contr	ribu	tion						
В.	State: NJ District: 8 Full Name (Last, First, Middle Initial) Friends Of John Peterson							Trans		-	-	4453 nent	504			
	Mailing Address 114 W. State Street PO Box 295							0 ^M 7	М	/	2 5) /	Y	o ŏ	7 ^Y	
	City Pleasantville	State PA	Zip Code 16341					Amou	unt c	f Ea	ch D	isburs		nt this		k
	Purpose of Disbursement Contribution				0	11		L.	0			•		1000.	00	_
	Candidate Name Rep. John E. Peterson			С		egory/ vpe										
	-	ement For: Primary Other (spe	2008 General ecify) ▼					Conti	ribu	tion						
	State: PA District: 5															
C.	Full Name (Last, First, Middle Initial) Simpson For Congress							Trans Date		isbu	rsem	nent	380			
	Mailing Address 1487 Parkway Drive							0 ^M 7	М	/	2 5)	Y	0 0 ž	7 ^Y	
	City Blackfoot	State ID	Zip Code 83221					Amou	unt c	of Ea	ch D	isburs		nt this		k
	Purpose of Disbursement Contribution				Ō	11		L.						1000.	00	_
	Candidate Name Rep. Michael K. Simpson			С		egory/ vpe										
		ement For: Primary Other (spe	2008 General					Conti	ribu	tion						
٩	UBTOTAL of Disbursements This Page (optional)					. I							3	8000.	00	ī
	OTAL This Period (last page this line number only)					<u>'</u>	-	\exists			-	-		-	•	ī

	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)			OR LIN		R:			P	AGE	90 /	101	
IT	EMIZED DISBURSEMENTS	for each of Detailed	category of the Summary Page		Ė	21b 27	22 28a	X	23 28b		24 280	; <u> </u>	25 29		26 30b
	y Information copied from such Reports and for commercial purposes, other than using th													IS	
\vdash	NAME OF COMMITTEE (In Full)														
$ \rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Stupak For Congress						Trans Date of		-	-		525			
	Mailing Address 817 Ninth Avenue PO Box 143						0 ^M 7	M	/ D	25	′ [Y	o ŏ	7 ^Y	
	City Menominee	State MI	Zip Code 49858				Amou	nt o	f Eac	h Di	sburs	emer	nt this	Perio	od .
	Purpose of Disbursement Contribution			Γ	0	11	<u></u>						600.	00	
	Candidate Name Rep. Bart Stupak			С		gory/ pe									
	Senate President	sbursement For: Primary Other (spe	2008 X General ecify) ▼				Contri	ibut	ion						
_	State: MI District: 1 Full Name (Last, First, Middle Initial)						Trans	acti	on II	D: 14	4453	485			
В.	Friends Of Jane Harman						Date of		isbur	sem	ent		2 0 ŏ 7	, Y	
	Mailing Address PO Box 96		7: 0 1				0 7	_							
	City Torrance	State CA	Zip Code 90507				Amou	nt o	Eac	h Di	sburs		nt this 1	_	od T
	Purpose of Disbursement Contribution Candidate Name				0	_		0		•			1000.	00	
	Rep. Jane Harman			C.	Ty	gory/ pe									
	Office Sought: X House Senate President State: CA District: 36	sbursement For: X Primary Other (spe	2008 General				Contri	ibut	ion						
 С.	Full Name (Last, First, Middle Initial) Spratt For Congress Committee						Trans					528			
	Mailing Address PO Box 830							M		25		Y	Ý 0 Ŏ 7	7 ^Y	
	City York	State SC	Zip Code 29745				Amou	nt o	f Eac	h Di	sburs	emer	nt this	Perio	od .
	Purpose of Disbursement Contribution			Г	0	11		_				;	3000.	00	Ш
	Candidate Name Rep. John M. Spratt, Jr.				ate Ty	gory/ pe									
	Office Sought: X House Senate President State: SC District: 5	sbursement For: X Primary Other (spe	2008 General				Contri	ibut	ion						
l e	UBTOTAL of Disbursements This Page (opt	tional)				•						4	600.	00	$\overline{1}$
	OTAL This Period (last page this line number							-	=	-			-		ヿ

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check o	IE NUMBEI nlv one)	ፈ :	L PA	GE 91/	101
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and States or for commercial purposes, other than using the name.							ıs
or for commercial purposes, other than using the han NAME OF COMMITTEE (In Full)	e and address of any political co	minitiee to	SUILUI CUITITI	outions IfC	nii Sucii (Johnnillee	
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)			Transa	action ID:	144533	81	
Pryce For Congress				f Disburse		, · v · v ·	V
Mailing Address 145 E. Rich Street			0 ^M 7 N	2	5 / Y	Ž 0 Ŏ 7	7
City Columbus	State Zip Code OH 43215		Amour	nt of Each	Disburse	ment this I	Period
Purpose of Disbursement	43213		-			1000.	00
Contribution		011					
Candidate Name Rep. Deborah Pryce		Category/ Type					
Senate President	ement For: 2008 Primary General Other (specify)		Contril	bution			
State: OH District: 15 Full Name (Last, First, Middle Initial)			_			•••	
3. Bill Shuster For Congress			Date o	action ID: f Disburse	ement		V
Mailing Address PO Box 27			0 7 N	2	5 / Y	žoŏī	7 1
——————————————————————————————————————	State Zip Code PA 16648		Amour	nt of Each	Disburse	ment this I	
Purpose of Disbursement Contribution		011	T L.			2000.	00
Candidate Name Rep. William Franklin Shuster		Category/ Type					
Senate President	ement For: 2008 Primary General Other (specify)		Contril	bution			
State: PA District: 9							
Full Name (Last, First, Middle Initial) Friends Of John Tanner			Date o	action ID: f Disburse	ement	11	
Mailing Address Post Office Box 1994			0 7 N	¹ 2	5 / Y	žoŏī	7 ^Y
City Union City	State Zip Code TN 38281		Amour	nt of Each	Disburse	ment this I	Period
Purpose of Disbursement Contribution		011	<u> </u>			1000.	00
Candidate Name Rep. John S. Tanner		Category/ Type					
- <u>-</u>	ement For: 2008 Primary General Other (specify)		Contril	bution			
SUBTOTAL of Disbursements This Page (optional)						4000.0	00
						-	
TOTAL This Period (last page this line number only		▶	L				

SCILDOLL B (I LCI GIIII 3X)	Use seperate schedule(s)	(check on	: NUMBER:	L	PAGE	92 / 10)1
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a		4 8c	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name.							I
NAME OF COMMITTEE (In Full)	e and address of any political co	minilitee to so	JICIL CONTINDU	uons nom suc	SII COIIIII	iittee	
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)			Transact	ion ID: 1445	3412		
Friends of Jim Clyburn				Depart	YY	· · · ·	v
Mailing Address P.O. Box 12567			0 7	25	2	0 0 7	
City Columbia	State Zip Code SC 29211		Amount of	of Each Disbu	irsement	this Pe	eriod
Purpose of Disbursement	29211				1	000.00	0
Contribution		011					
Candidate Name Rep. James E. Clyburn		Category/ Type					
Senate X	ement For: 2008 Primary General Other (specify)		Contribu	tion			
State: SC District: 6							
Full Name (Last, First, Middle Initial) 3. Alan Mollohan For Congress Committee				ion ID: 1445 Disbursement	3413		
<u> </u>			мм	25	YYY	0 ŏ 7	Y
Mailing Address P. O. Box 1343			0 7	25	2	007	
City Fairmont	State Zip Code WV 26555		Amount	of Each Disbu	irsement	this Pe	eriod
Purpose of Disbursement		-	L		. 1	000.00	0
Contribution Candidate Name		011					
Rep. Alan B. Mollohan		Category/ Type					
X	ement For: 2008 Primary General Other (specify)		Contribu	tion			
Full Name (Last, First, Middle Initial)			Tueneed	i ID- 1 4 4 5	.0400		
Bob Filner For Congress				i on ID: 1445 Disbursement	3409		
Mailing Address P.O. Box 127868			0 7	25	y y	0 0 7	Y
City San Diego	State Zip Code CA 92112		Amount o	of Each Disbu	irsement	this Pe	eriod
Purpose of Disbursement Contribution	· I	011	L		1	000.00	0
Candidate Name Rep. Bob Filner		Category/ Type					
Office Sought: X House Disburs	ement For: 2008 Primary General Other (specify)	Турс	Contribu	tion			
SUBTOTAL of Disbursements This Page (optional)					3(00.00	ם ס
							-
TOTAL This Period (last page this line number only			L				

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 93 / 101
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association PAC	, , ,		
Full Name (Last, First, Middle Initial) 4. Hooley For Congress			Transaction ID: 14453515 Date of Disbursement
Mailing Address PO Box 2050			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & T \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & T \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} V & D & D & T \\ D & D & T \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
City Salem	State Zip Code OR 97308		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Darlene Hooley	N. J. S.	Category/ Type	
Office Sought: Senate President State: OR District: 5	isbursement For: 2008 X Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial) Hulshof For Congress			Transaction ID: 14453410 Date of Disbursement
Mailing Address PO Box 1621			$\begin{bmatrix}\begin{smallmatrix}M\\07\end{smallmatrix}^M&\begin{smallmatrix}I&D\\25\end{smallmatrix}\end{bmatrix}^I\begin{bmatrix}\begin{smallmatrix}Y&Y&Y\\2007\end{smallmatrix}^Y\\2007\end{smallmatrix}^Y$
City Columbia	State Zip Code MO 65205		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011	2000.00
Rep. Kenny C. Hulshof	Sigh	Category/ Type	
Office Sought: X House Senate President State: MO District: 9	isbursement For: 2008 X Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial) Bennett Election Committee Inc			Transaction ID: 14453303 Date of Disbursement
Mailing Address 175 South West To	emple Suite 650		$\begin{bmatrix}\begin{smallmatrix}M\\07\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\25\end{smallmatrix}\end{bmatrix}^D \begin{bmatrix}\begin{smallmatrix}Y\\2007\end{smallmatrix}\end{bmatrix}^Y$
City Salt Lake City	State Zip Code UT 84101		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Contribution		011	1000.00
Candidate Name Sen. Robert F. Bennett		Category/ Type	
Office Sought: House X Senate President State: UT District: 2	Disbursement For: 2010 X Primary General Other (specify) ▼		2010 Contribution
SUBTOTAL of Disbursements This Page (op	otional)	>	4000.00
TOTAL This Period (last page this line numb	er only)		

	SHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		-OR L check		IUMBE	:K:			PA	GE	94 /	101
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	211	ŕ	22 28a	Х	23 28b	П	24 28c	Н	25 29	26 30k
	y Information copied from such Reports and State													S
or	for commercial purposes, other than using the nar	ne and address of any politica	al com	nm	nittee t	o solic	cit conti	rıbut	ions fr	om s	such c	omm	nittee	
$ \rangle$	NAME OF COMMITTEE (In Full)													
\angle	American Hospital Association PAC													
Α.	Full Name (Last, First, Middle Initial)										45349	99		
۸.	National Leadership PAC								isburs		nt / Y	Y	Y	Υ
	Mailing Address 635 B Pennsylvania Av	e.					0 ^M 7		2	25	L	2	o ŏ 7	7
	City	State Zip Code					Amou	ınt o	f Each	n Dis	burser	ment	this I	Period
	Washington Purpose of Disbursement	DC 20005	ı									5	000.	00
	2007 Contribution			0	11			_					-	
	Candidate Name		Ca	ate	egory/ ype									
	Office Sought: Senate President State: Disburs Senate President	sement For: Primary General Other (specify) ▼					2007	Cor	ntribu	ition				
	Full Name (Last, First, Middle Initial)						Trans	sacti	on ID	- 14	45350	າ2		
В.	Committee To Elect McHugh						Date		isburs	eme			Y	Υ
	Mailing Address 228 South Washington Suite 115	Street					0 7		2	25	Ĺ	2	o ŏ 7	′ ່
	City Alexandria	State Zip Code VA 22314					Amou	ınt o	f Each	n Dis	burser	-		
	Purpose of Disbursement Contribution			0	11			-	-			2	000.	00
	Candidate Name Rep. John M. McHugh				egory/ ype									
		sement For: 2008 X Primary General Other (specify)					Contr	ibut	ion					
	State: NY District: 23													
C.	Full Name (Last, First, Middle Initial) Forbes For Congress								on ID		4534(nt	80		
	Mailing Address PO Box 15100						0 ^M 7	М	[/] 2	25	/ Y	ž	o ŏ 7	7 ^Y
	City Chesapeake	State Zip Code VA 23328					Amou	ınt o	f Each	n Dis	burser	ment	this I	Period
	Purpose of Disbursement Contribution			0	11.	7	L.		_			. 1	000.	00
	Candidate Name Rep. J. Randy Forbes				egory/ ype									
	Office Sought: X House Senate President Disburs	sement For: 2008 X Primary General Other (specify)	<u> </u>	•	, po		Contr	ibut	ion					
_	State: VA District: 4													
s	UBTOTAL of Disbursements This Page (optional)				<u> </u>			8000.00					00
Т.	OTAL This Period (last page this line number only	y)				•								

SCHEDULE B (FEC Form 3X)	Use sene	erate schedule(s)	FOR LINE NUMBER: PAGE (check only one)					GE 9	5 / 10)1	
ITEMIZED DISBURSEMENTS	for each o	category of the Summary Page		21b 27	one) 22 28a	X 23	3 8b	24 28c	\blacksquare	5 9	26 30l
Any Information copied from such Reports and State or for commercial purposes, other than using the nar											
NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,									
Full Name (Last, First, Middle Initial) A. Pearce For Congress							ID: 14		09		
Mailing Address PO Box 2696					0 ^M 7	M /	^D 2 5	/ Y	ž o	ŏ7	′
City Hobbs	State NM	Zip Code 88241			Amou	nt of E	ach Dis	sburse			-
Purpose of Disbursement Contribution			011						10	00.00)
Candidate Name Rep. Stevan E. Pearce			Catego Type	ry/							
	sement For: X Primary Other (spe	2008 General			Contri	ibutio	n				
Full Name (Last, First, Middle Initial) 3. Cathy McMorris For Congress					Date of	of Disb	ID: 14				
Mailing Address Box 137					0 ^M 7	M /	^D 2 5	/ L	ž 0	ŏ̃7	
City Spokane	State WA	Zip Code 99210			Amou	nt of E	ach Dis	sburse			
Purpose of Disbursement Contribution Candidate Name			011 Catego	ry/					100	00.00)
X X	sement For: X Primary Other (spe	2008 General	Туре		Contri	ibutio	n				
Full Name (Last, First, Middle Initial) Good Fund, The							ID: 14		81		
Mailing Address PO Box 3404					0 ^M 7	M /	25	/ Y	ž 0	ŏ̃7	
City Alexandria	State VA	Zip Code 22302			Amou	nt of E	ach Dis	sburse		-	
Purpose of Disbursement 2007 Contribution			011						300	00.00)
Candidate Name	sement For:		Catego Type	ry/							
Office Sought: House Disburs Senate President State: District:	Primary Other (spe	General cify) ▼			2007	Contr	ibutior	1			
SUBTOTAL of Disbursements This Page (optional)			•		•		• •	500	0.00	
TOTAL This Period (last page this line number only	,					•			-	-	一

SCHEBOLL B (I LOT OTHI 5X)	Use seperate scriedule(s) (chao		NE NUMB only one)	EK:	L P	AGE S	96 / 10	1
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	X 23 28t	24 280	-	25 29	26 30b
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name								
 NAME OF COMMITTEE (In Full) 	and address of any political col	mmillee to	SOIICII CON	ITIDULIOTIS	Irom such	COMMI	liee	
American Hospital Association PAC								
Full Name (Last, First, Middle Initial) A. For America's Republican Majority (FARM)	PAC)		1	saction I	I D: 14453	257		
Mailing Address 675 N. Washington St. Suite 410			0 ^M 7	, M /	25 /	ÝŽ) Ď 7 Š	
	State Zip Code VA 22314		Amo	unt of Ea	ch Disburs	ement t	his Pe	riod
Purpose of Disbursement 2007 Contribution		011				10	00.00)
Candidate Name	C	Category/ Type						
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		2007	' Contrik	oution			
Full Name (Last, First, Middle Initial)			Tron	anation I	D: 14417	450		
Heath Shuler For Congress				of Disbu	rsement		Y Y	7
Mailing Address PO Box 97			0 7		27	2 0) Ď 7 Ť	
•	State Zip Code NC 28738		Amo	unt of Ea	ch Disburs			
Purpose of Disbursement Void 6/07 check		011				-10	00.00)
Candidate Name Mr. Joseph Shuler		Category/ Type						
President	nent For: 2008 Primary General Other (specify)		Void	6/07 ch	eck			
State: NC District: 11 Full Name (Last, First, Middle Initial)					D 11150	470		
Cantor For Congress				of Disbu			V * V	7
Mailing Address P. O. Box 17813			0 ¹ 7		30 /	20) Ď 7 Ť	
•	State Zip Code VA 23226		Amo	unt of Ea	ch Disburs			-
Purpose of Disbursement Void of 4/07 check		011				-10	00.00)
Candidate Name Rep. Eric I. Cantor	C	Category/ Type						
Office Sought: X House Senate President State: VA District: 7	nent For: 2008 Primary General Other (specify)		Void	of 4/07	check			
SUBTOTAL of Disbursements This Page (optional)						-10	00.00	
TOTAL This Period (last page this line number only)								

		Use seperate schedule(s			heck on	lv one)						
Ш	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ĺ	21b	22	X	23	<u> </u>	4	25	
_					27	28a		28b		8c	29	
	Information copied from such Reports and State or commercial purposes, other than using the r											IS
<u> </u>	NAME OF COMMITTEE (In Full)											
$ \rangle$	American Hospital Association PAC											
\angle	·											
Α.	Full Name (Last, First, Middle Initial)					1			: 1445	2480		
Α.	Glacier PAC						_	isburs		V	V * V *	V
	Mailing Address 818 Connecticut Ave. Suite 1100	NW				0 7	IVI	´ L 3	3 O /		ž 0 ŏ 7	7 '
	City	State Zip Code				Amou	int c	f Each	Disbu	ırseme	nt this I	Period
	Washington	DC 20006	_			-					5000.	00
	Purpose of Disbursement Void of 5/07 check			01	1		-				0000.	00
	Candidate Name		_		gory/							
				Ту	ре							
		rsement For:				Void	of 5	/07 cl	neck			
	Senate President	Primary General Other (specify) ▼										
	State: District:	Other (specify)										
	Full Name (Last, First, Middle Initial)					Trans	act	ion ID	: 1445	2476		
В.	People For Pete Domenici							isburs		2470		
	Mailing Address Post Office Box 9365					0 ^M 7	М	/ D	3 O /	Υ	ž 0 ŏ 7	7 ^Y
	Fost Office Box 93630	1									_ , ,	
	City	State Zip Code				Amou	int c	f Each	Disbu	irseme	nt this I	Period
	Albuquerque	NM 87199									1000.	00
	Purpose of Disbursement Void of 2/07 check			01	1			•				
	Candidate Name			_	gory/							
	Sen. Pete V. Domenici			Ту	ре							
		rsement For: 2008				Void	of 2	/07 cl	neck			
	χ Senate President	X Primary General Other (specify) ▼										
	State: NM District: 1	Other (specify)										
	Full Name (Last, First, Middle Initial)					Trans	act	ion ID	: 1445	2475		
C.	Dave Camp For Congress 2008							isburs		,2170		
	Mailing Address 5915 Eastman Ave. S	ruito 100				0 ^M 7	М	/ D 3	3 O /	Υ	ž 0 ŏ 7	7 ^Y
	January Address 3913 Lastinan Ave. V	buile 100										
	City	State Zip Code				Amou	int c	f Each	Disbu	ırseme	nt this I	Period
	Midland	MI 48640									1000.	00
	Purpose of Disbursement Void of 4/07 check			01	1		-	-		-	.000.	
	Candidate Name		_		gory/							
	Rep. David Lee Camp			Ту	ре							
		rsement For: 2008				Void	of 4	/07 cl	neck			
	Senate President	X Primary General Other (specify) ▼										
	State: MI District: 4	Other (specify)										
							_				-	
۱	JBTOTAL of Disbursements This Page (option	al)			•						7000.0	00

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s) FOR LINE (check on	NUMBER: PAGE 98 / 101 ly one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Friends Of Joe Pitts			Transaction ID: 14465225 Date of Disbursement
Mailing Address PO Box 775			07
	State Zip Code PA 19375		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Rep. Joseph R. Pitts		Category/ Type	
Senate X President	ement For: 2008 Primary General Other (specify)		Contribution
State: PA District: 16 Full Name (Last, First, Middle Initial)			Transaction ID: 14465224
B. Reynolds For Congress			Date of Disbursement
Mailing Address PO Box 15388 Pittsford			07
,	State Zip Code NY 14615		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Thomas M. Reynolds		Category/ Type	
Senate X President	ment For: 2008 Primary General Other (specify)		Contribution
State: NY District: 26 Full Name (Last, First, Middle Initial)			Transaction ID: 14465237
C. Friends Of Senator Carl Levin			Date of Disbursement
Mailing Address 10 G Street Ne, Suite 470			07 7 7 2 0 0 7
	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	500.00
Candidate Name Sen. Carl Levin		Category/ Type	
	ment For: 2008 Primary General Other (specify)		Contribution
			3500.00
SUBTOTAL of Disbursements This Page (optional) . TOTAL This Period (last page this line number only)		<u> </u>	

SCHEDOLL B (I LCI OIII 3X)	Use seperate scriedule(s) (chor	LINE NUMBER: PAGE 99 / 101
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 21	b 22 X 23 24 25 26
Any Information copied from such Reports and Sta		
or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	The and address of any political committee t	o solicit contributions from such committee
American Hospital Association PAC		
Full Name (Last, First, Middle Initial)		Transaction ID: 14465240
A. Friends Of Senator Carl Levin		Date of Disbursement
Mailing Address 10 G Street Ne, Suite	70	0 7 M / 3 1 / Y 2 0 0 7 Y
City	State Zip Code	Amount of Each Disbursement this Period
Washington Purpose of Disbursement	DC 20002	500.00
Contribution	011	
Candidate Name Sen. Carl Levin	Category/ Type	_
X Senate President	rsement For: 2008 Primary X General Other (specify) ▼	Contribution
State: MI District: 1 Full Name (Last, First, Middle Initial)		
B. Michaud For Congress		Transaction ID: 14465221 Date of Disbursement
Mailing Address 213 Lisbon Street		07 31 7 2007
City Lewiston	State Zip Code ME 04240	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	011	1500.00
Candidate Name Rep. Michael H. Michaud	Category/ Type	
Office Sought: X House Disbu Senate President	x Primary General Other (specify)	Contribution
State: ME District: 2		
Full Name (Last, First, Middle Initial) C. Barrett For Congress		Transaction ID: 14465235 Date of Disbursement
Mailing Address P.O. Box 869		0 7 M / D 3 1 / Y 2 0 0 7 Y
City Westminster	State Zip Code SC 29693	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	011	1000.00
Candidate Name Rep. J. Gresham Barrett	Category/ Type	
Senate President	sement For: 2008 X Primary General Other (specify) ▼	Contribution
		3000.00
	Other (specify) I)	► Contribution

	Use seperate scriedule(s) (chor	Check onl		:K:		Į	PAGE	: 100	/ 101			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	for each category of the		21b	22 28a	X	23 28b	\square	24 E	25 29	26 30k
	y Information copied from such Reports and State											s
or	for commercial purposes, other than using the na	me and address of any politica	al com	nm	littee to so	olicit conti	rıbutı	ons fro	om su	ch com	mittee	
$ \rangle$	NAME OF COMMITTEE (In Full)											
L	American Hospital Association PAC											
Α.	Full Name (Last, First, Middle Initial)									65244		
۸.	Mike Pence Committee						of Di	isburse			YY	Υ
	Mailing Address P. O. Box 408					0 7		3	3 1 /	2	ž o ŏ 7	7
	City	State Zip Code				Amou	ınt of	Each	Disbu	ursemer	nt this F	Period
	Anderson Rurpess of Dishursement	IN 46015	l								1200.	00
	Purpose of Disbursement Contribution		Г	0	11		-			-		
	Candidate Name Rep. Michael R. Pence		Ca	at	egory/							
	<u> </u>	rsement For: 2008		1	ype							
	X	X Primary General				Contr	ibut	ion				
	President	Other (specify)										
	State: IN District: 6 Full Name (Last, First, Middle Initial)											
В.	Mark Pryor For U.S. Senate							on ID: isburse		55236		
						м 0 7	M	/ D	D /	Y	ž 0 0 7	7 Y
	Mailing Address PO Box 2720					0 7)		2007	
	City Little Rock	State Zip Code AR 72203				Amou	ınt of	Each	Disbu	ursemer	nt this I	Period
	Purpose of Disbursement	711 72200		_	-						1000.	00
	Contribution		ΙL	Ó	11							
	Candidate Name Sen. Mark L. Pryor				egory/ ype							
	Office Sought: House Disbut	sement For: 2008	<u> </u>		, I	Contr	ibut	ion				
	Δ	X Primary General				Conti	ibut	1011				
	State: AR District: 2	Other (specify)										
	Full Name (Last, First, Middle Initial)					Trans	acti	on ID:	: 1446			
C.	Citizens For Altmire						_	isburse	ement			
	Mailing Address PO Box 1776					0 ^M 7	М	[′] 3	3 1	Y	ž o ŏ 7	7 ^Y
	City Freedom	State Zip Code PA 15042				Amou	ınt of	Each	Disbu	ursemer	nt this I	Period
	Purpose of Disbursement Contribution			0	11	L.					2000.	00
	Candidate Name Mr. Jason Altmire		Ca	at	egory/ ype							
	Office Sought: X House Disbut	rsement For: 2008		_	, po	0						
	— I I	X Primary General				Contr	ibut	ion				
	State: PA District: 4	Other (specify)										
	Oldo, Fr. Diotriot. 7					_						
s	UBTOTAL of Disbursements This Page (optional	l)			. •	L.					1200.0	00
т	OTAL This Period (last page this line number on	ly)			. •							
		• /			-		_				_	

Image# 27931108431

S	' Lice congrete condulo(c) ' ' '								UMBE	R:			PAG	ЭE	101 /	101	
IT	EMIZED DISBURSEMENT	S	for each	category of the Summary Page		(check only one) 21b 22 X 23 24 27 28a 28b 28c								25 29		26 30b	
	y Information copied from such Reports are commercial purposes, other than using															5	
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PA	С															
۹.	Full Name (Last, First, Middle Initial) Paul Hodes For Congress Mailing Address 26 South Main S	treet, #25	53							f D	isburse		46522 ent		0 ŏ 7	Y	
	City Concord Purpose of Disbursement Contribution	_	tate NH	Zip Code 03301		01	1		Amou	nt o	f Each	Dis	bursen		this P		d
	Candidate Name Rep. Paul W. Hodes				Са	-	ory/										
	Office Sought: X House Senate President		nent For: Primary Other (spe	2008 General					Contri	but	ion						
	State: NH District: 2																

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<u> </u>	77800.00